

Name:					Date of birth:	
Address:		complete mailing address with city, state, zip				
	<u>Phone numbers</u>		<u>type</u>		<u>permission to leave msg?</u>	
primary:			home, work, cell		recorded or with whom?	
secondary:			home, work, cell		recorded or with whom?	
	<u>Email</u>		<u>Ok to send to?</u>		<u>Ok to respond to?</u>	
primary:			Y / N		Y / N	
secondary:			Y / N		Y / N	
Reason for seeking services:						
Goals for Counseling/Coaching:						
	1)					
	2)					
	3)					
Previous counseling/coaching experience and location:						
Concerns about counseling/coaching:						
Any questions for first session:						

Health History and Habits

Primary Medical Provider:

Address: complete mailing address with city, state, zip

Phone: Most recent exam: da

List any medical diagnoses:

Surgeries or hospitalizations (please include psychiatric hospitalizations) with dates and hospital name:

Current medications (please include dose, frequency, and prescribing physician):

Allergies:

Average hours of sleep/night: Glasses water/day:

Nutritional level of your diet: excellent, good, average, fair, poor Meals/day:

Caffeine: coffee, soda, tea, tablets Cups/day:

Tobacco: type and frequency/day Alcoholic drinks/week:

Exercise: types, intensity, and frequency/week

History or current illegal drug use (including misuse of prescriptions):