



Please provide the following information and answer the questions below.

Date: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Best time to call? _____ Prefer Texts? _____

Is it okay to leave messages at these numbers? Yes No
If no, please list which number it is okay to leave a message _____

E-Mail Address: _____

Address: _____
Street Address

_____ City State Zip

How long have you been living at this address? _____

Occupation: _____

Date of Birth: _____

Marital Status:

Never Married Married Domestic Partnership Divorced Widowed

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Please list the names and relationships of the five most important people in your life:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have pets? Yes No

If yes, please list: _____

Education: _____

On a scale of 1-10 with 10 being the best, please rate your overall school experience. _____

How would you rate your overall physical health?

- Excellent Great Good Fair Poor

Have you been diagnosed with ADD/ADHD?

- Yes No

If yes, please describe lifestyle changes, strategies and/or pharmaceuticals you have tried to manage the ADD/ADHD: _____

Does anyone else in your family have ADD/ADHD (diagnosed or has tendencies)?

Do you have any sleep problems? Yes No

If yes, please describe: _____

Are you dealing with any past or current addictions? Yes No

If yes, please describe: _____

Have you had any issues with depression, anxiety or eating disorders?

Yes No

If yes, please describe: _____

Are you currently seeing a therapist? Yes No

If yes, if there is anything you'd like to share that might assist our coaching work, please describe:

Are you currently taking any medications? Yes No

If yes, please list:

Are you usually: Early On Time Running Late

Do you exercise regularly? Yes No

If yes, please describe what you do and how often:

What is your typical screen time in a day? (computer, laptop, tablet, phone, TV)

What do you do for fun (hobbies, interests, sports, arts, social life)?

What is your spiritual orientation?

When you treat yourself, what are things you like to do?

What is your idea of a perfect vacation?

Is there anything else you'd like me to know?

How did you hear about me?
