



**AMANDA
PATRICK**
COACHING

YOUR INVITATION TO
LIVE AN EXTRAORDINARY LIFE.

Let's get started!



NEW CLIENT FORM

Date : _____

Name : _____

Date of Birth : _____

Email : _____

CONTACT DETAILS

Home Phone: _____ Cell Phone: _____

Best time to call? _____

Is it okay to leave messages at these numbers? Yes No

If no, please list a number where it is okay to leave a message: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you been living at this address? _____

APPOINTMENT PREFERENCES

For appointment scheduling, what are the best:

Times of day: _____ Days of the week: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

YOUR RELATIONSHIPS

Marital Status:

Never Married Married Domestic Partnership Divorced Widowed

Please list the names and relationships of the (5) most important people in your life:



Describe your pets (if any): _____

Education: _____

Occupation: _____

MEDICAL HISTORY

How would you rate your overall physical health?

- Excellent Great Good Fair Poor

Do you have any sleep problems?

- No Yes, please describe: _____

Are you dealing with any past or current addictions?

- No Yes, please describe: _____

Have you had any issues with depression, anxiety, or ADD/ADHD?

- No Yes, please describe: _____

Are you currently seeing a therapist?

- No
 Yes, please describe what issues you're addressing in therapy: _____

Are you currently taking any medication?

- No
 Yes, please list: _____

Do you exercise regularly?

- No
 Yes, please describe what you do and how often: _____

THE GOOD STUFF

How often do you watch TV?: _____

What are your favorite hobbies and sports?: _____



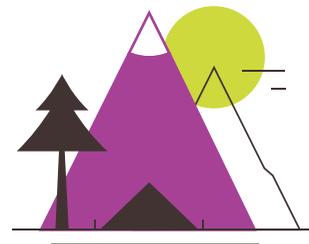
What do you do for fun?: _____

What is your spritual orientation?: _____

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

What is your idea of a perfect vacation?: _____

How did you hear about us?: _____



Let's show the world what you're made of!