

Demographic Form for Coaching and Spiritual Consulting

Client Intake Questionnaire Please fill in the information below and email back to cynthia@cynthialeeshelton.com before your first session. Please note: information provided on this form is protected as confidential information.

Personal Information

Name: _____ Date: _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Work/Other Phone: _____ May we leave a message? Yes No Text? Yes No

Email: _____ May we leave a message? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

DOB: _____ Age: _____ Gender: _____ Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Referred By (if any): _____

History Have you previously received any type of Coaching Services? No Yes, Comments:

Are you currently taking any prescription medication? Yes No If yes, please list (Especially if mood altering or could affect your Coaching sessions):

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish out of your time in Coaching?

Any thing else You would like me to know?

