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CONFIDENTIAL CLIENT COACHING INFORMATION FORM -- ADULT
PLEASE USE BLACK OR BLUE INK

GENERAL INFORMATION

Today's Date _____

Client's Name _____ I found you via referral from: _____
Google or other search _____ Internet: referral site (which): _____
Address _____ City/State _____ Zip _____ Home Phone () _____
Cell phone () _____ e-mail address: _____
Birthdate _____ Age _____ Gender Identity _____ Pronouns used _____ Education highest level _____
Driver's License # _____ Car Make _____ Lic. # _____

[ALL SESSIONS ARE CURRENTLY CONDUCTED VIA ZOOM]

EMPLOYMENT

Occupation _____ Work Responsibilities _____ Work phone () _____
Employer _____ Address _____ City/State _____ Zip _____

PERSONAL / FAMILY INFORMATION Marital Status _____ If married, anniversary date _____

Partner's Name _____ Partner's Age _____ Partner's Occupation _____

Length of current marriage/relationship _____ Names/ages of children (this marriage) _____

Previous marriage(s) _____ Length of each _____ Names/ages of children (previous marriage(s)) _____

Legal/physical custody? visitation arrangement? _____

Emergency Contact, if those in house cannot be reached:

Name _____ Relationship _____ Phone () _____ Cell () _____

Purpose for today's consultation: _____

Are you CURRENTLY involved in a legal procedure? _____ If so, does it concern your seeking coaching? _____

FINANCIAL INFORMATION Preferred Payment

Preferred Payment: _____ Credit Card (VISA, MC, Discover, AmEx, debit) \$240/session
_____ Zelle (to JaellineJaffePhD@gmail.com) \$230/session

Credit Card (Billing will appear as IVY PAY) (Upload card to IVY PAY when requested)

CONFIDENTIAL PSYCHOLOGICAL/MEDICAL HISTORY

Are you CURRENTLY seeing a psychotherapist, counselor, or coach? _____ If so:

Name _____ Phone () _____

For how long? _____ For what purpose(s)? _____

Have you PREVIOUSLY seen a psychotherapist, counselor or coach? _____ If so: When? _____

For how long? _____ For what purpose(s)? _____ Results _____

If you have had difficulties with any of the following, please explain:

_____ Alcohol, drug, or tobacco dependence or frequent use? _____

_____ Eating disorder(s)? _____

_____ Other addictive or compulsive behavior(s)? _____

_____ Depression or suicidal thoughts? _____

_____ Anxiety or panic attacks? _____

_____ Major illness, surgery, or other physical problems (including perimenopause)? _____

_____ Anger, arguments, domestic violence (current or childhood)? _____

_____ Marital, relationship, or family (current or childhood)? _____

_____ Learning disabilities/problems or ADD/ADHD? _____

List stressful situations in your life (accident, hospitalization, separation fm loved ones, traumatic event, head injury, etc.)

What have you found has been helpful to you when you have felt depressed, anxious, etc.?

In ONE word, please describe your current: relationship situation _____ sexual relationship(s) _____

Please list ALL prescription medications you are CURRENTLY taking:

Please list any PREVIOUS medications you have taken for psychological purposes:

Amount of CURRENT use: Tobacco/Vaping _____ Alcohol _____ Caffeine (coffee/cola/chocolate) _____

Sugar _____ Other drugs (marijuana, cocaine, etc - specify) _____

Date of last medical exam _____ Doctor's Name _____ Phone () _____

Other useful information to assist in coaching: _____