

# The McClure Group

Life Coaching  Consulting Services

*Reshaping Individuals and Businesses*

## New Client Information Form

*This information will remain confidential.*

Please provide the following information and answer the questions below.

### Client Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to call? \_\_\_\_\_

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:

\_\_\_\_\_

City State Zip

\_\_\_\_\_

How long have you been living at this address? \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For appointment scheduling, what are the best:

Times of day: \_\_\_\_\_

Days of the week: \_\_\_\_\_

Marital Status:

Never Married  Married  Domestic Partnership  Divorced  Widowed

Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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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: \_\_\_\_\_

How would you rate your overall physical health?

Excellent  Great  Good  Fair  Poor 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 ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you currently seeing a therapist?  Yes  No

If yes, please describe what issues you are addressing in therapy:

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications?  Yes  No

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Are you usually:  Early  On Time  Running Late

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Do you exercise regularly?  Yes  No

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

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How often do you watch television?

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What are your favorite hobbies and sports?

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What do you do for fun?

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What is your spiritual orientation?

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

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What is your idea of a perfect vacation?

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How did you hear about me?

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