

# NEW CLIENT FORM

## FOR COACHING & CONSULTING SERVICES

Center for Self Balance, LLC • Joseph Noecker, MA, LMHC



Center for  
Self Balance

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

### MY CONTACT INFORMATION

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PREFERRED METHOD OF CONTACT

*Only include contact information that is okay for us to use. If NOT okay, please leave blank. Please keep us updated of any changes!*

The best way to contact me is:  Home Phone  Mobile Phone  Work Phone  Other Phone  Email

It is okay to leave confidential messages for me:  Yes  No

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ABOUT ME

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_

How many people in your household? \_\_\_\_\_ Describe the relationship dynamics, including family, roommates, children, pets, etc. \_\_\_\_\_

### EMERGENCY CONTACT

In Case of Emergency, please contact: Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EDUCATION, EMPLOYMENT & MILITARY STATUS

Are you currently a student?  Yes  No

If so, what year? \_\_\_\_\_ Major/Focus: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you currently employed?  Yes  No

Profession: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Military Service?  Yes  No Current Status:  Active  Reserve  Retired  Guard  Other

### OTHER INFORMATION

How did you find Center for Self Balance? \_\_\_\_\_

May I thank a person/agency for a referral to me?  Yes  No Referred by: \_\_\_\_\_

Best time for sessions:  Morning  Afternoon  Evening

Time zone (for phone clients only):  EST  CST  MST  PST  Other \_\_\_\_\_

## WELCOME! WHAT BRINGS YOU TO CENTER FOR SELF BALANCE?

Please list your reasons for being here now – current life and/or work issues, etc. \_\_\_\_\_

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## PREVIOUS COACHING

List any relevant previous coaching/consulting methods you've tried – how did they work (or not work) for you?

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## SERVICES DESIRED

Please indicate what services you desire from Center for Self Balance:

- |                                                                       |                                                                            |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Stress & lifestyle management skill-building | <input type="checkbox"/> Life Balance coaching                             |
| <input type="checkbox"/> Meditation coaching, practice & classes      | <input type="checkbox"/> Help with life transitions                        |
| <input type="checkbox"/> Help with relationships (work or personal)   | <input type="checkbox"/> Emotional Intelligence coaching                   |
| <input type="checkbox"/> Career and work coaching                     | <input type="checkbox"/> Hypnosis/Neuro-Linguistic Programming (NLP) / EFT |
| <input type="checkbox"/> Leadership skill building                    | <input type="checkbox"/> Other / Unknown: _____                            |
| <input type="checkbox"/> Help with personal / spiritual issues        |                                                                            |

## PERSONAL HISTORY

Completing the following questions as fully as possible will allow for the development of a plan best suited to your specific needs

### MEDICAL HISTORY

Please explain any current medical concerns \_\_\_\_\_

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### LEGAL HISTORY

Are there any relevant legal problems at this time? If so, describe: \_\_\_\_\_

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### DEVELOPMENTAL HISTORY

Describe overall experience with parents/caretakers growing up as a child: \_\_\_\_\_

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Are you adopted?  Yes  No If yes, your age at the time of adoption: \_\_\_\_\_

## FAMILY & SIGNIFICANT RELATIONSHIPS

List immediate family members, including your parent(s), sibling(s), partner(s), child(ren), and any special information you would like to share (health issues, conflict, etc.)

Name / Relationship	Gender	Notes / Special info	Deceased?
	M / F		Y / N
	M / F		Y / N
	M / F		Y / N
	M / F		Y / N
	M / F		Y / N

Describe your current family: \_\_\_\_\_

Describe any recent changes in yourself and/or in your relationships with friends/family: \_\_\_\_\_

## RELATIONSHIP STATUS

I am currently:  Married / Committed  Single  Divorced  Separated  Living Together  Other

Length of relationship (now or past): \_\_\_\_\_

Describe current (or past) partner relationship: \_\_\_\_\_

## EDUCATION/WORK HISTORY

Circle current status:  Employed  Unemployed

Last or current Position: \_\_\_\_\_ How long: \_\_\_\_\_

Describe recent education/type of jobs/s held: \_\_\_\_\_

Name of Assistant (if Applicable) \_\_\_\_\_

## SELF INVENTORY

Describe yourself (e.g., strengths & weaknesses): \_\_\_\_\_

What has worked well for you in your life, so far? \_\_\_\_\_

Describe areas in your life you would like to see work better for you. \_\_\_\_\_

## SPIRITUALITY/RELIGION

Describe any religious/spiritual practice, and/or place of attendance (church/ Synagogue/ Temple/ Mosque), Prayer/meditation etc. \_\_\_\_\_

What role does spirituality play in your life? \_\_\_\_\_

## INTERESTS/ACTIVITIES

List your favorite recreational activities/Hobbies/Special talents or skills: \_\_\_\_\_

\_\_\_\_\_

Organizations/Groups to which you belong: \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

Please feel free to add any other information, concerns or thoughts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AGREEMENT

Most people report significant progress on their goals from working with a coach/counselor, however there are no guarantees on outcomes. Nevertheless, each party agrees to indemnify, defend, and hold harmless the other party and its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever including but not limited to, bodily injury, death, personal injury, financial or business losses, or property damage arising from such party's performance or failure to perform in obligations. \*Pre-paid discounts and Phone/Skype session(s) fees are pre-paid via check/money order (snail-mail) or online payment (see link on website). Once payment is confirmed sessions can be scheduled. \*For In-office sessions, please pay prior to session if paying online – or pay cash/check at the time of session. We can provide an invoice or insurance codes for counseling services if requested.

I agree I'm responsible for my actions – by signing this, agree to these terms: barring emergency I'll give a min. 48-hrs notice if I need to re-schedule. Joseph has my permission to share elements of my story (w/out identifying details of who I am without written permission)

\_\_\_\_\_  
Client Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date