



# Life C.B.E., LLC

**LIFE COACHING TO BREAKTHROUGH & EMPOWERMENT**

*Faith-based coaching for families & individuals dealing with issues of the heart & soul*

## New Client Information

*(Please write **legibly** and fill out the **entire** form where applicable. Thank you.)*

✚ First & Last Name: \_\_\_\_\_

✚ Home Address: \_\_\_\_\_

\_\_\_\_\_

✚ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email #: \_\_\_\_\_

✚ May I leave a message? (Check all that apply) \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email

✚ Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

✚ Your age: \_\_\_\_\_ If married, Spouse's age: \_\_\_\_\_

✚ If married, how long? \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

✚ If divorced, how long? \_\_\_\_\_

✚ If 2<sup>nd</sup> or 3<sup>rd</sup> (etc.) marriage, please indicate all previous marriages, dates, and lengths:

\_\_\_\_\_  
\_\_\_\_\_

✚ Religious History:

\_\_\_\_\_

✚ Education Completed:

\_\_\_\_\_

✚ Job History and Current Job:

\_\_\_\_\_

\_\_\_\_\_

✚ Name of children:

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>School/Occupation</u>	<u>Married?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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- ✦ What losses or severe emotional upsets (death, divorce, employment, move, mate's unfaithfulness, relational break-up, bankruptcy, empty nest, abortion, health, natural or military disaster, expectations not fulfilled) have you experienced within the last 5 years?

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- ✦ Have you ever terminated a pregnancy? If so, when? \_\_\_\_\_

- ✦ Have you ever had a miscarriage? If so, when? \_\_\_\_\_

- ✦ Are you in treatment with another life coach or a counselor at this time? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom? \_\_\_\_\_ at  
\_\_\_\_\_. How long? \_\_\_\_\_

- ✦ List all previous life coaching, counseling, or other treatment of individual or marital problems:

Dates	Type of Problem	Name of Professional or Agency
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- ✦ Were you referred? \_\_\_\_ Yes \_\_\_\_ No If so, whom may I thank?

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- ✦ Has any of the above treatment included hospitalization? \_\_\_\_ Yes \_\_\_\_ No

- ✦ Have you ever been a victim of a crime? \_\_\_\_ Yes \_\_\_\_ No

- ✦ If so, have you filed with Texas Crime Victims' Compensation? \_\_\_\_ Yes \_\_\_\_ No

- ✦ Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No If so, why? \_\_\_\_\_

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- ✦ Please list the 3 biggest concerns in your life at this time: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

- ✦ Briefly describe your reason and your goals for seeking life coaching:

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✚ **Present Physical Health:**

\_\_\_\_ Very Good    \_\_\_\_ Good    \_\_\_\_ Average    \_\_\_\_ Poor

Have you had a medical examination in the past year? \_\_\_\_ Yes    \_\_\_\_ No

If yes, when? \_\_\_\_\_ Findings: \_\_\_\_\_

\_\_\_\_\_

✚ List all medications you are currently taking with dosages:

\_\_\_\_\_

\_\_\_\_\_

Prescribed by: \_\_\_\_\_

✚ Recent weight changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

✚ List all important past or present injuries, illnesses or disabilities: \_\_\_\_\_

\_\_\_\_\_

✚ Have you ever used drugs for other than prescribed medical purposes? \_\_\_\_ Yes    \_\_\_\_ No

If yes, please list: \_\_\_\_\_

✚ **Family of Origin:**

Describe your father: \_\_\_\_\_

Describe your mother: \_\_\_\_\_

✚ How many siblings? \_\_\_\_\_ Where do you fit in the birth order? \_\_\_\_\_

Were both parents in the home? \_\_\_\_ Yes    \_\_\_\_ No

✚ Overall, my childhood was: (Check all that apply) \_\_\_\_ Painful    \_\_\_\_ Uneventful    \_\_\_\_ Good

\_\_\_\_ Excellent    \_\_\_\_ Loving

✚ Has anyone **in your family of origin** been treated for psychiatric or chemical dependency problems?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, whom? \_\_\_\_\_

For what problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Confidentiality Statement and Practice

Life C.B.E. is a faith-based Life Coaching practice and is **not** performed by a Licensed Professional Counselor (LPC), a Licensed Social Worker, Psychologist, or a State-Licensed Mental Health Professional. Carmen is a Certified Life Coach through the Life Coaching Institute (LCI) in Carrollton, TX founded by Dr. Necie Moore. The Life Coaching you will receive is based upon Biblical principles and is not subject to the licensure or regulation by the State of Texas. Life C.B.E. offers non-medical treatment and recovery methods such as prayer, Life Coaching techniques and processes, spiritual support, and moral guidance. Each client has the right to know that his or her information is safe and confidential **EXCEPT** in the event of threat to oneself or another. In the case where a threat is perceived—outside help will be enlisted for the safety of all involved. If we discover through this process of client and Life Coach that we are not the best match to suit your needs—Life C.B.E. will be happy to refer you to an outside resource. It is our hope that you will feel safe and have the best experience possible through Life C.B.E.

## Financial Policy, Fee Schedule, and Cancellation Policy

An appointment is a commitment to our work. I consider our sessions to be very important and I ask that you do the same. If you are late, we will only have the remaining time in your session because I will likely have another client after you. A cancellation delays our work, but in the event that you are not able to keep an appointment—you **must** notify me **24 hours in advance**. Your session time is reserved for you and each session is paid for in advance, unless other arrangements have been made. **If I do not receive such advance notice, you will still be charged \$100.00 (the normal fee) for the missed 1 hour appointment, and \$60 (the normal fee) for the missed ½ hour appointment. At your initial session, you will put your credit card information on file for me to bill you if this occurs. By signing this consent form, you are agreeing to allow me to bill your credit card for the normal rate. Please understand that you will be charged this fee regardless of the reason for not keeping the appointment.**

**I HAVE READ THE ABOVE CONFIDENTIALITY STATEMENT AND PRACTICE, THE FINANCIAL POLICY, FEE SCHEDULE, AND CANCELLATION POLICY—AND MY SIGNATURE IS PROOF THAT I AGREE TO THESE TERMS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_