

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

1. Why are you seeking coaching and what do you want to achieve from coaching?

2. Do you have any specific goals or issues that you would like to meet or resolve?  
How will you know when you have achieved your goals?

3. Tell me about your spiritual beliefs.

4. How do you reward yourself and find peace?

5. What are your favorite hobbies and what do you do for fun? How often do you watch television?

6. Do you exercise regularly? Yes No

*Tell me more.*

7. What is your marital status? Single Married Divorced Separated Widowed

8. Do you have children? Yes No

*Tell me more.*

9. Do you have pets? Yes No

*Tell me more.*

10. How do you rate your overall health? Excellent Great Good Fair Poor

*Tell me more.*

11. How do you rate your sleeping habits? Excellent Great Good Fair Poor

*Tell me more.*

12. Are you currently seeing a therapist? Yes No

*Tell me more.*

13. Have you had any issues with Depression, ADD, ADHD? Yes No

*Tell me more.*

14. Are you dealing with any past or current addictions? Yes No  
*Tell me more.*

15. Are you currently taking any medications? Yes No  
*Tell me more.*

16. Please review the following list and check all that you are currently experiencing.

- |                                     |  |
|-------------------------------------|--|
| Concerns about physical health      | Inability to concentrate at work or school                   |
| Concerns about mental stability     | Nightmares   |
| Loss of appetite/increased appetite | Inability to control thoughts                                |
| Insomnia (inability to sleep)       | Mood swings  |
| Hypersomnia (sleeping all the time) | Obsessions or compulsions with activities                    |
| Loss of interest in things          | Feeling trapped in rooms or buildings                        |
| Low motivation                      | Excessive consumption of alcohol                             |
| Feeling spiritually disconnected    | Abuse of prescription or non-prescription drugs              |
| Uncontrollable anxiety or worry     | Blackouts or temporary loss of memory                        |
| Lack of self-confidence             | Tremors  |
| Poor body image                     | Hallucinations (seeing or hearing things that aren't there)  |
| Binging/purging food                | Feeling you are being watched or people are "out to get you" |
| Feeling "on top of the world"       | Loss of libido   |
| Crying spells                       |  |

17. How did you find me?

Please email completed form to [rene@bmoregoodgrief.com](mailto:rene@bmoregoodgrief.com)

OR

*mail completed form to:*

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