

Grief Recovery and Wellness Coaching with Laurie
5401 South Prince Street, Suite 105 Littleton, Co 80120

Client Information Form

Date _____

Name _____ DOB _____ Age _____

Address _____

Client is: ___ Self ___ Couple ___ Family ___ Minor ___ Gender ___ M ___ F

Marital Status

___ single ___ married ___ divorced ___ separated ___ widowed ___ domestic partner

Cell Phone _____ Text ___ Y ___ N Email _____

In Case of Emergency, who should I contact? _____

Parent/Guardian Information (if client is under 18)

Name _____ Relationship _____

Address _____

Cell Phone _____ Alternate# _____

Email _____ Text ___ Y ___ N

Other relevant information:

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What are your goals for our sessions?

How long as this been a problem?

Why are you seeking help at this time?

What emotional support do you have?

Anything else I should know?