



THE BRIDGE COUNSELING & Coaching  
CLIENT INTAKE FORM

Name \_\_\_\_\_

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

Preferred Name/Pronouns \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Have you experienced (or been diagnosed with) any of the following?

**\*\*Please mark all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Depression      | <input type="checkbox"/> Physical Abuse    |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sexual Abuse      |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Suicidal Thoughts |
|   |  | <input type="checkbox"/> Other             |
- \_\_\_\_\_

**\*\*Please answer the questions below.**

Are you on any medication? ☐ Yes ☐ No If yes, which ones \_\_\_\_\_

Have you had any therapy or coaching sessions within the last 30 days? ☐ Yes ☐ No  
If yes, please explain. \_\_\_\_\_

Do you have trouble sleeping? ☐ Yes ☐ No  
If yes, please explain. \_\_\_\_\_

Are you dealing with any addictions? ☐ Yes ☐ No  
If yes, please explain. \_\_\_\_\_

Are you currently seeing a therapist? ☐ Yes ☐ No  
If yes, please explain. \_\_\_\_\_

What part of life is working well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part of life could be working better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## COACHING DISCLAIMER & WAIVER CLIENT INTAKE FORM

All coaching services and communication email or otherwise, delivered by The Bridge as well as information provided are meant to help you identify the areas in your life and in your thinking that may be standing in your way. However, coaching is not professional mental health care or medical care. If you feel psychologically stressed to the point that it is interfering with your ability to function, please have the courage to seek the help you need in the form of a professional counselor. Coaching may augment your therapy, but the work of coaching is meant to be done when major emotional and psychological wounds are already healing or healed.

By purchasing coaching services from your Coach, you confirm that you have read and agreed to each statement and that you wish to proceed:

I understand that the coaching services I will be receiving from my Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Coach is not acting as a mental health counselor or a medical professional.

I understand that coaching is, at present, an unregulated industry and that my Coach is not licensed by any internationally recognized regulator. I also understand that for all legal purposes, the services provided by my Coach will be considered to be provided from any remote location worldwide or otherwise in the United States.

I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.

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I understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals and aims.

I understand that to the extent our work together involves career or business, my Coach is not promising outcomes included but not limited to increased clientele, profitability and or business success.

I understand that my Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, they will do so to the extent of that the law requires.

I understand that the use of technology is not always secure and I accept the risks of confidentiality in the use of email, text, phone, Skype and other technology.

I hereby release, waive, acquit and forever discharge my Coach, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by my Coach as a result of the advice given by my Coach or otherwise resulting from the coaching relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian if under 18 \_\_\_\_\_

Date \_\_\_\_\_