

Client Information Form



Hello,

Welcome to My Attention Coach! In this package, you will find the following information:

- Client information form
- Goals checklist

Please complete the client information form and goals checklist prior to our first meeting or call. If you have specific goals in mind, please email those to me or bring them to our first meeting. You can either email it to Laura@myattentioncoach.com or bring it to our first meeting.

I look forward to beginning our work together!

Sincerely,

Laura Rolands

Client Information Form

Client Information Form

Name: Street Address: Date:

Preferred name: City, State, Zip

Home Phone: Cell Phone: Email:

Referred By:

Have you ever worked with a coach or organizational consultant to assist with AD/HD or attention-related problems? Yes No

If yes, when and where was the focus of the work?

How well do you understand AD/HD?

<u>Little or No Knowledge</u>			<u>Basic Knowledge</u>		<u>Fairly Well</u>		<u>Very Well</u>		
			Definition & what medication does		Read books, talked with doctor		Read literature, attend info sessions		
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any questions or concerns at this time? Yes No

If yes, please describe:

What are your interests and hobbies?

What accomplishments are you proud of?

Describe how your AD/HD affects you (positive and negative)

How do you think you learn best? (Choose one)

Visual Auditory Kinesthetic
Using your Eyes Using your Ears Hands-on Learning

What do you hope to gain from coaching sessions? Check all that apply:

- Set and meet your goals
- Organizational skills
- Find a job that you like
- Have more free time
- Improve social skills/more friends
- Learn how to stay healthy
- Other (specify)

Client Information Form

	Yes	No	
Have you ever worked with a coach?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand that coaching is not therapy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have trouble getting to sleep?	<input type="checkbox"/>	<input type="checkbox"/>	What is your usual bedtime? <input type="text"/>
Do you have trouble getting up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	What time do you get up? <input type="text"/>
Do you eat breakfast and lunch each day?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a routine for getting ready for work?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain: <input type="text"/>
Do you have a routine for getting ready for bed?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain: <input type="text"/>

If you take medication, when do you take it? Morning Noon Evening Bedtime

Please share anything else you think would be helpful for me to know about you at this time?

Thank you!

Coaching Goals

Name _____

Date _____

Please rate what your coaching goals are in the following areas:

Not at All Important

Neutral

Extremely Important

1

2

3

4

5

HEALTH

- Nutrition & Weight
- Fitness & Exercise
- Stress & Relaxation

FINANCES

- Income
- Savings
- Bills

SELF

- Personal Hygiene
- Medical & Dental Care
- Clothes
- Friends/Emotional Needs & Support
- Spiritual Needs
- Communication & Personality Traits

WORK

- Time Management
- Job Description
- Organizational Skills
- Goals & Objectives
- Job Matches Skills, Talents & Interests
- Job Search

FAMILY

- Nuclear Family Members: Relationships
- Extended Family Members: Relationships

HOME ENVIRONMENT

- Inside: Organization, Space, Privacy, Other Needs
- Outside: Landscaping, Space, Maintenance & Repair

SOCIAL

- Holiday & Vacations
- Community Activities
- Hobbies & Fun
- Friends
- Developing Social Skills

ADDITIONAL GOALS
