



**Dr. Tamara B. Payne**

## **Life Coach/Strategy Intake Form**

Please provide the following information. Information you provide is confidentiality just as therapy. Please print out this form and bring it to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(First) (Last) (Middle Initial)

**Name of parent/guardian (if you are a minor):**

\_\_\_\_\_  
(First) (Last) (Middle Initial)

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_ **Gender:** ☐ Male ☐ Female

**Address:** \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

**Home Phone:** ( ) \_\_\_\_\_ May we leave a message? ☐ Yes ☐ No

**Cell/Other Phone:** ( ) \_\_\_\_\_ May we leave a message? ☐ Yes ☐ No

**E-mail:** \_\_\_\_\_ May we email you? ☐ Yes ☐ No

\*Please be aware that email might not be confidential.

**Marital Status:**

☐ Never Married ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If married, name of spouse: \_\_\_\_\_

**Name of Children and ages:** \_\_\_\_\_

**Referred by: (check any that apply)**

☐ Psychology Today

☐ Internet Search

☐ Family or Friend

☐ Website

☐ Another counselor: \_\_\_\_\_

☐ Physician or Psychiatrist: \_\_\_\_\_

## Personal/Professional Goals:

What are the biggest changes you want to make in your life in the next 3 months?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are the biggest changes you want to make in your life over the next 3 years?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you most want to achieve for yourself in your life/career?

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What are the restraining forces keeping you from achieve these?

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What would you say have been your 3 greatest accomplishments to date?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you expect to achieve in life as a result of hiring me as your life coach?

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What is the hardest thing in your life that you have had to overcome?

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What major transitions or life changes have you had in the past two years?  
(Example: Entering or approaching a different age, a new or different relationship,  
job role, residence, a change in children's ages/stages, etc.)

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Who are or have been your major role models? Why?

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Have you worked with a coach before or a similar one-on-one adult relationship (e.g.  
tennis coach, piano teacher, and therapist)?

If so, what worked well for you and what did not work in the relationship(s)?

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Who will be supporting you through this process?

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[illegible]

(Use back if more space needed) 5

On a scale of 1 to 10 with 10 high, rate the quality of your life today. \_\_\_\_\_

List five things that you're personally tolerating or putting up with in your life at present. (Examples: information you can't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, cranky people in your life etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

In a typical week, what do you spend a great amount of time doing?

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What are your primary stressors? (What stresses you out?)

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On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now. \_\_\_\_\_

# Life Changes

Please list any changes you would like to make in the following areas:

Family:

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Money / Financial Situation:

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Career / Business life: \_\_\_\_\_

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Service / Personal Character: \_\_\_\_\_

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Relationships: \_\_\_\_\_

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Friends: \_\_\_\_\_

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Living Space / Home: \_\_\_\_\_

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Personal Growth / Learning: \_\_\_\_\_

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Health / Self Care: \_\_\_\_\_

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Creativity: \_\_\_\_\_

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Play / Leisure time: \_\_\_\_\_

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## Leisure:

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you spend most of your leisure time doing? \_\_\_\_\_

\_\_\_\_\_

# Life Strategy Agreement



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Our sessions are conducted in any of the formats such as over the phone, in the office, or virtual (Skype, Tango, Facetime, etc.).

The cell number is (678) 773-3058.

Missing or rescheduling sessions is strongly discouraged. If an unforeseen event does require you to reschedule, I must be notified 24 hours prior to the scheduled session. Please remember that not completing, or partially completing your assignments is not a reason to reschedule. If assignments are not complete, it is very important that we work together during your scheduled session to strategize, overcome obstacles, and establish next steps.

If notification is not given 24 hours prior to the scheduled session time, the session will be considered missed and thereby forfeited.

Life Strategist Disclaimer of Liability: Client hereby employs as Life Strategist for the purpose of supporting the Client with respect to Client's self-awareness, vision and goals, and strategic plans, has experience in such matters and agrees to render such coaching services. Although I am a therapist as well this is for the purpose of life coaching and strategizing.

I have read and agreed to the Policies and Disclaimer of Liability.

Client's Signature (Date) \_\_\_\_\_

Life Strategist's Signature (Date) \_\_\_\_\_

Once you have completed this form please email it to me at [tbpayne@brownpayneinnovations.com](mailto:tbpayne@brownpayneinnovations.com) or bring it to the initial session. Any questions, be sure to contact me.