

# FAITH ASSEMBLY LIFE COACHING CENTER

## Information Sheet & Questionnaire

Thank you for bringing your life coaching needs to us. Please answer the following questions so that we may be of better service to you. *All answers are confidential except where law requires reporting or disclosure.*

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

Name: \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse DOB \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Briefly describe what brings you to counseling: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what area(s) of your life do you feel you need encouragement/help (circle all that apply):

Marriage Relationships Finances Spiritual Ministry Life Purpose Parenting Life Choices  
Anger Depression Anxiety Stress Addiction or Dependence: *Alcohol Drugs Tobacco*  
*Eating Sexual*

*Other*

Have you participated in counseling before? \_\_\_ Yes \_\_\_ No

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

How satisfied were you with your previous counseling experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Basic Physical Health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Are you being treated for any specific illness? \_\_\_ Yes \_\_\_ No

Nature of the illness \_\_\_\_\_

Are you taking any medications (prescription or non prescription)? \_\_\_ Yes \_\_\_ No

If yes, name of drug and what it treats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continued on**

**reverse side**

Do you smoke? \_\_\_ Yes \_\_\_ No What and how much per week? \_\_\_\_\_

Do you consume alcohol? \_\_\_ Yes \_\_\_ No What and how much per week? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ Where? \_\_\_\_\_

Do you consider yourself a Christian and feel you are walking or living in a right relationship with God? \_\_\_ Yes \_\_\_ No Explain your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a Christian: On a scale of 1 (lowest) to 10 (highest), where do you feel you are in the following areas:

Bible Reading \_\_\_ Prayer Time \_\_\_ Church Attendance \_\_\_ Life Group Involvement \_\_\_

Ministry (serving) Involvement \_\_\_ Sharing Your Faith (witnessing to others) \_\_\_

If I could change something about myself, it would be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I could change something about my spouse or partner, it would be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Any other information you would like to share? \_\_\_\_\_

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*I am willing to listen to and apply the lessons I learn from my life coach(es). I understand that if I do not comply with assignments, and what I am asked to do, my coach has the right to discontinue our sessions. I am willing to rely upon God to help me through this time in my life, and that I, by faith, will trust in Him to use my coach to help walk me through the situations or struggles I am currently facing.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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