

Vincent Sanchez Coaching & Consulting, LLC

Vincent Sanchez, M.A. • Master Certified Life Coach • Registered Yoga Teacher • Consultant  
4203 Montrose Blvd, Ste 420, Houston, TX 7706  
1.vincent.sanchez@gmail.com • (832) 408-1915

**ADULT CLIENT INFORMATION FORM**

**A. Personal Information:**

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ TX License #: \_\_\_\_\_

*Please note that I require a copy of a valid driver's license be kept on file in order to work with you.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Referred by: \_\_\_\_\_

May I contact you by phone? \_\_\_\_\_ May I leave a message? \_\_\_\_\_ May I contact you by email? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Please initial your approval for me to contact your emergency contact should the need arise. **(Initial)** \_\_\_\_\_

**B. Primary reason(s) for seeking services:**

- Grief / Loss
- Life transitions
- Health & Wellness
- Other (list here): \_\_\_\_\_
- Fear / Phobias
- Relationship concerns
- Communication skills
- Creative blocks
- Personal growth
- Career / Education

**C. Behaviors/symptoms that occur more often than you would like:**

- Worry / Tension
- Avoidance of people / places
- Feelings of grief / loss
- Low self-esteem / self-worth
- Excessive energy
- Eating problems / Body image
- Physical fatigue / Sick often
- Other (please list): \_\_\_\_\_
- Social discomfort
- Loss of interest / pleasure
- Hopelessness about future
- Racing thoughts
- Significant weight change
- Lack of motivation / Boredom
- Panic attacks
- Loneliness / Social isolation
- Judgment errors
- Relationship problems
- Disorganized thoughts
- Work / School problems

**D. Your Education / Career:**

Highest degree: \_\_\_\_\_ Occupation: \_\_\_\_\_

Degree in: \_\_\_\_\_ Other: \_\_\_\_\_

Military experience?  No  Yes If yes, were you in combat?  No  Yes

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**E. Your Marital / Intimate Relationship Status:**

- Single                       Married                       Separated                       Divorced / Divorce in process  
 Widowed                       Living with significant other                       Committed relationship, living apart  
 Other: \_\_\_\_\_

**Family Information:**

Relationship	Name	Living? (Y/N)	Living with you? (Y/N)
Spouse/Partner			
S/O (Next of Kin)			

**1. What is the main concern for which you are seeking Coaching now?**

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

**2. What are your goals for Coaching?**

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

**Have you experienced any major life changes / events during the past year?**

- No                       Yes                      If yes, describe:

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

**Have you lost a friend, family member, or significant person during the past year?**

- No                       Yes                      If yes, who, and how has this loss impacted you?

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

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**Have you received coaching / consulting services in the past?**

No       Yes      If yes, describe:

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**Are you currently seeing another Coach / Consultant? Please note that if you answer “Yes” to this question, I may not be able to work with you. We’ll discuss how this may impact future progress.**

No       Yes      If yes, who, and for what? \_\_\_\_\_

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**Are you currently taking prescribed medication? Supplements? Remedies? Herbs?**

No       Yes      If yes, list:

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**Are you currently / have you recently been involved in any court / legal proceedings? Please note that if you answer “Yes” to this question, I may not be able to work with you.**

No       Yes      If yes, describe:

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**Support Network:**

**Who does your network of support and encouragement include?**

Family       Friends       Colleagues       Classmates  
 Neighbors       Online groups       Social networks       Religious / spiritual community  
 Myself       Exercise class / partner       Other: \_\_\_\_\_

**Describe any recent changes to your support network:**

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**Strengths / Resilience Factors:**

**What do you like most about yourself?**

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**What are some effective coping strategies that you have learned?**

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**What do you consider to be your strengths, skills, assets, or talents?**

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**What are your special areas of interest or hobbies (art, reading, physical fitness, etc.)?**

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**What gives you hope or motivation?**

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**Describe a recent obstacle or challenge that you were able to cope with and/or resolve, and what internal and/or external resources you used to achieve this.**

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**Certification Statement and Signature:**

I, \_\_\_\_\_ (Client printed name), certify that the information I provided in this document (Adult Client Information Form) is complete, accurate, and true, to the best of my knowledge. I understand that withholding or misrepresenting information, or providing inaccurate or incomplete information, may be grounds for immediate denial or termination of services, and/or penalties as specified by law.

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Client Printed Name

Client Date of Birth (MM/YY)

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Client Signature

Date

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Printed Name of Client's Parent/Guardian (if applicable)

Relationship to Client

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Signature of Client's Parent/Guardian (if applicable)

Date