*You may fill this out as a WORD doc or print and bring it with you – your choice.*

Name:

Preferred pronouns:

Date of birth:

Contact information:

Medical support group (doctors, counselors, etc.:

Personal support group (friends, parents, nieces, children, etc.:

Contact for personal support (an emergency contact person):

 Name:

 Phone:

 Email:

 Relationship:

Do you grant me permission to talk with your medical support personnel should they contact me?

 Write YES or NO \_\_\_\_\_\_\_\_\_\_\_\_\_

 If YES: SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications and supplements you currently take:

Procedures and dates - anything you feel comfortable sharing:

Primary area(s) of interest for the work we will do together:

Voice concerns:

Movement concerns:

Image work:

Any other thoughts you would like to share:

How and where do you prefer to shop?

Clothing sizes:

What brings you here to work with me?

What are current challenges?

Interests:

What do you do for fun?

What makes you feel happy?

Excited?

Inspired?

What do you like best about yourself?

What impression do you want to leave people with?

Favorite words? Quotes? Anything else you’d like to share:

Profession:

Profession to which you aspire (if you could be or do ANYTHING what would it be?

*Please begin an* ***Image Collection****.*

*Instructions are on the ETC Blog at elizabethterrelcoaching.com*

*Bring it with you to your first session.*

How did you find out about me?