A Safe Haven Wellness – Life Coaching Intake Form

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (Name/Phone): _____

Reason for Coaching

■ Stress management
■ Goal setting / motivation
■ Career development
■ Relationship support
■ Confidence / self-esteem
■ LGBTQ+ identity support
■ Other: _____

Coaching Goals

What are 2–3 specific goals you'd like to achieve through coaching?

1. _____

2. _____

3. _____

Coaching Services Disclaimer

I understand that services provided by *A Safe Haven Wellness* are **life coaching** and are not therapy, counseling, or medical treatment. Life coaching supports personal growth, accountability, and mindset shifts but does **not diagnose, treat, or prescribe** for mental health or medical conditions.

If I require therapy, counseling, or medical care, I agree to seek support from a licensed professional. I acknowledge that I am responsible for my own decisions, actions, and results.

Client Initials: _____ Date: _____

Consent & Agreement

I consent to participate in life coaching sessions and understand the nature of services provided. I have read and agree to the disclaimer above.

Client Signature: _____ Date: _____

Coach Signature: _____ Date: _____