Next Chapter Christian Life Coaching

Gordon & Sherry Hobbie

Today’s date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## GENERAL INFORMATION

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(May we leave a message for you here?  yes  no) (May we leave a message for you here?  yes  no)**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you been there?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Average work hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(May we leave a message for you here?  yes  no)

Last year of school completed: 9 10 11 12 GED College: 1 2 3 4 Degree pursued/accomplished\_\_\_\_\_\_\_\_

Are you currently in school?  yes  no If so, what level?\_\_\_\_\_\_\_\_\_\_ Degree pursuing:\_\_\_\_\_\_\_\_\_\_\_

### RELATIONAL INFORMATION

Current Marital Status  Single  Engaged  Married  Separated  Divorced  Widowed

Are you content with your current status?  yes  no. If no, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If married, for how long? \_\_\_\_\_\_Number of previous marriages for you\_\_\_\_\_\_for your spouse\_\_\_\_\_\_\_\_\_

If separated, divorced, or widowed, circle and state for how long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom do you currently live? Alone Spouse Children Parent(s) Sibling(s) Boyfriend

 (Check all that apply) Girlfriend Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partner Information**: How long have you known your partner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours worked/week: \_\_\_\_\_\_\_ Last year of school completed: 9 10 11 12 GED College: 1 2 3 4 other

What words would you use to describe your partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Children (use back if needed):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Name | **Sex** | **Relationship to you****(Natural, adopted, step)** | **Living****w/you?**  | **Age** |  **Describe him/her** |
|  |  |  |  |  |  |
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**Family of Origin Information (use back if needed)**.

(Please list mother, father, brothers, sisters, step-family relations, or any other family member who had a significant effect upon your life [either positive or negative]).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   **Name** | Relationship to youMom, dad, sibling, or step-children | **Current age, or year of death** |  **Occupation** |  **Describe him/her** |
|  |  |  |  |  |
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### PHYSICAL HISTORY

Are you currently receiving any medical treatment?  no  yes. If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list any other conditions, illnesses, treatments, or surgeries (including pregnancies, or related treatments) that might be relevant to your reason for seeking coaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you taking medication(s) according to the doctor’s recommendations? Yes  No.

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any of the following physiological symptoms/sensations that apply to you currently, or in the recent past:

 Headaches  Rapid Heart Rate  Dizziness  Difficulty breathing

 Diarrhea Allergies  Nausea  Insomnia

 Stomach trouble  Intestinal trouble  Visual trouble  Hearing noises/voices

 Trouble with sleep  Change in appetite  Trouble relaxing  Vomiting

 Weakness  Tiredness  Tension  Pain-specify\_\_\_\_\_\_\_\_\_\_\_\_\_

 Backaches  Constipation  High Blood Pressure  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your height?\_\_\_\_\_\_\_\_\_\_\_\_ Your weight?\_\_\_\_\_\_\_\_\_\_\_Weight change in the last 2-3months ? \_\_\_\_\_\_\_\_

### CURRENT STATUS

Please check any of the following problems that pertain to you and/or any members of your family (indicate if family members).

 Stress  Nervousness  Anxiety  Panic

 Unhappiness  Depression  Guilt  Apathy

 Terminal illness  Recent death in family  Grief  Hopelessness

 Inferiority feelings  Defectiveness feelings  Loneliness  Shyness

 Fears  Friends  Marriage  Sexual abuse

 Physical abuse  Emotional abuse  Verbal abuse  Bad dreams

 Temper  Anger  Aggressive behavior  Memory

 Concentration  Racing thoughts  Unwanted thoughts  Compulsivity

 Loss of control  Impulsive behavior  Self control  Legal matters

 Sexual problems  Pregnancy  Abortion  Alcohol use

 Trauma/disaster  Eating problems  Drug use  Making decisions

 Trouble with job  Career choices  Ambition  Communication

 Children  Being a parent  Finances  Other \_\_\_\_\_\_\_\_\_\_\_

Please indicate on the scale below how distressing your problem(s) are to you. Place an “X” on the line.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Distressed Moderately Extremely

Very Little Distressed Distressed

Are you currently experiencing any suicidal thoughts?  yes  no

Have you experienced suicidal thoughts or attempted suicide in the past?  yes  no

Have any of your friends or family ever committed or attempted suicide?  yes  no

Check any of the following that apply to you:

 Marijuana  Stimulants  Coffee

 Sedatives  Fitful sleep  Narcotics

 Cocaine  Overeating  Hallucinogens

 Alcohol  Tranquilizers  Early morning awakening

 Cigarettes  Painkillers  Other

**PERSONAL/LIFE COACHING FOCUS**:

What do you hope can be accomplished in this coaching experience?

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How can we be most helpful to you as coaches?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you especially value and believe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you normally react when faced with stressful situations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are you passionate about and what needs in the world are you moved to meet?\_\_\_\_\_\_\_\_\_\_\_\_

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What has been helpful for you in your spiritual walk/growth?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe briefly the religious environment of your home as you were growing up and a brief description of your spiritual journey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you regularly attend a church, or other religious institution?  Yes No.

If so, what is the name of your church, etc?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what is the name of your pastor, priest, etc?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Signature of client) (Date)