



EYES ON YOU
CONSULTING AND PRODUCTIONS

Cynthia McKnight M.A.
Self Discovery Coach

Personal History –Adult

Client's name _____ Date ____/____/____

Gender _____ Date of Birth ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ Work _____ Cellphone _____

Emergency Contact Name _____ Phone _____

Primary reason (s) for seeking services:

- | | | |
|----------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Unhealthy Lifestyles |
| <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Negative Behaviors |
| <input type="checkbox"/> Spiritual Guidance | <input type="checkbox"/> Unforgiveness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Identity Issues | |

Family Information

Relationship _____ Name _____ Age _____

Spouse _____

Children _____

Marital Status

Single

Married

Divorce

Divorce in process

Separated

Development

Any childhood issues verbal abuse Neglect Rejection

Social Relationships

Check how you generally get along with other people (check all that apply)

Friendly Outgoing Follower Shy Aggressive Leader

Fight /Argue often Affectionate

Spiritual / Religious

How important to you are spiritual matters? Not little Much

Are you affiliated with a Spiritual or religious group? yes no

Where you raised within a spiritual or religious group? yes no

Would you like your spiritual/religious beliefs incorporated in the counseling? yes no

If Yes, describe _____

Education

_____ High School/ GED

_____ College Number of years _____ Graduated ___ yes ___ no Major _____

_____ Other Training

What are your goals in our coaching sessions?

For Office Use

Coaches' Signature _____ Date ____/____/____