NEW CLIENT INTAKE FORM -- ADULT

This form helps me get to know you. This form helps me understand who you are and how you communicate best and what you would like to get from coaching. There are no right or wrong answers; you can skip anything that does not seem relevant and you can fill this out in whatever format works for you-typed, handwritten, or verbally with your coach. Take your time.

ABOUT YOU

PREFERRED NAME

_____

PRONOUNS

_____

DATE OF BIRTH

_____

_____

PREFERRED CONTACT METHOD

□ Email □ Phone □ Text □ Other

EMAIL ADDRESS

_____

_____

PHONE NUMBER

ADDRESS (OPTIONAL)

EMERGENCY CONTACT

_____

_____

RELATIONSHIP

_____

EMERGENCY CONTACT PHONE

YOUR AUTISM HISTORY

HOW DO YOU IDENTIFY IN RELATION TO AUTISM?

□ Formally Diagnosed □Self-Identified □ Exploring/Questioning
□Other:_____

APPROXIMATE AGE AT DIAGNOSIS (IF APPLICABLE) WHO DIAGNOSED YOU?

_____

_____

Are there any other diagnoses you would like me to be aware of such as ADHD anxiety depression PTSD or chronic pain?

Are you currently taking any medications?

□ Yes – If you would like to share, please note below □ No □Prefer Not to Say

ARE YOU CURRENTLY WORKING WITH OTHER PROFESSIONALS?

(therapist, psychologist, psychiatrist, speech-language pathologist)

DO YOU USE ANY SENSORY TOOLS DURIG CONVERSATIONS?

□ Yes – please know I'll be using them and it helps me focus

□ No

□ I'd like to try some

WHAT BRINGS YOU TO COACHING?

□Support with daily life and routines □ Education and academic support

□ Employment or Career guidance □ Support for my family

□ Help with relationships or social situations □ Building self-advocacy skills

□ Understanding my autism better □ Managing burnout or overwhelm

□ Unmasking and finding my authentic self □ Life Transitions

□ Other:_____

IN YOUR OWN WORDS, WHAT WOULD "SUCCESS IN COACHING LOOK LIKE FOR YOU?

IS THERE ANYTHING YOU TRIED BEFORE THAT DID NOT WORK, OR ANY APPROACH YOU WOULD PREFER I WOULD AVOID?

IS THERE ANYTHING YOU WOULD LIKE ME TO KNOW ABOUT YOU?

_____

_____

_____

_____