



RIGHT PATH

COACHING AND WELLNESS

CLIENT INTAKE

Welcome! I am excited to embark on this journey with you, and look forward to getting to know you better. Please complete the following basic information and email it back to me before our first session. Be sure to download and save all files prior to editing.

Name:			
Street Address:			
City/State:			
Country:		Zip or Postal code:	

Email of Choice:	
Phone of Choice:	
Fax:	

Name of Employer and Position:	
Name of Spouse/ Significant Other:	
Name and Ages of Children:	
What is the most important thing that I should know about you right now:	

Find yourself and your way forward.

Michelle Kronsbein • Life Coach & Master Reiki Practitioner
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MEDICAL HISTORY

Current Medications (include medication name, dosage, and start date):

Indicate current physical health (circle one): Good Fair Poor

List any known allergies:

Past nonpsychiatric hospitalizations or surgeries:

Do you exercise regularly (circle one)? Yes No

To the best of my knowledge, ability and awareness, the statements above are accurate and true:

Client (Print/Sign)

Date

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