

## New Client Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Phone (Other) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip and Country

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Best time of day to connect \_\_\_\_\_

How would you rate your overall physical health?

Excellent  Good  Fair  Low

How would you rate your ability to cope with stress?

Excellent  Good  Fair  Low

How would you rate your current level of performance?

Excellent  Good  Fair  Low

Have you had any issues with Depression, Anxiety, or ADD (Attention Deficit Disorder)?

Yes  No

If yes, please describe \_\_\_\_\_

Are you usually:  Early  On Time  Running Late

Do you exercise regularly?  Yes  No If yes, please describe what you do and how often:

\_\_\_\_\_

What are your favorite hobbies or sports?

\_\_\_\_\_

What is your spiritual orientation? \_\_\_\_\_

Please list the first names and relationships of the four most important people in your life.

1.

2.

3.

4.

How did you hear about Schaller International?

\_\_\_\_\_