

**Life Coaching & Garden Therapy
New Client Intake Sheet**

Name: _____ Today's Date _____

Address: _____

City, State, Zip: _____

Phone: home: _____ cell: _____

Email address: _____

Emergency Contact: _____

Date of Birth: _____

Occupation: _____

How long have you been in this occupation? _____

What is your level of satisfaction with your current occupation? _____

Are you currently looking to switch careers? _____

Highest Level of Education Completed: _____ Marital Status: _____

Children (if any) names, and ages: _____

Hobbies: _____

Are you currently in therapy? _____

Please list any significant health issues you may have: _____

Is there any aspect of your health (physical or mental) that you feel interferes with your daily living? If so, please describe: _____

List siblings, order of birth and ages (include you): _____

Are your parents still alive? _____ If so, are they in good health? _____

Are you involved in any type of care giving of a family member? _____

List the reasons why you would like to begin coaching/garden therapy:

If you could choose one thing you would like to change, have or do in the next 3 months, what would that be? _____

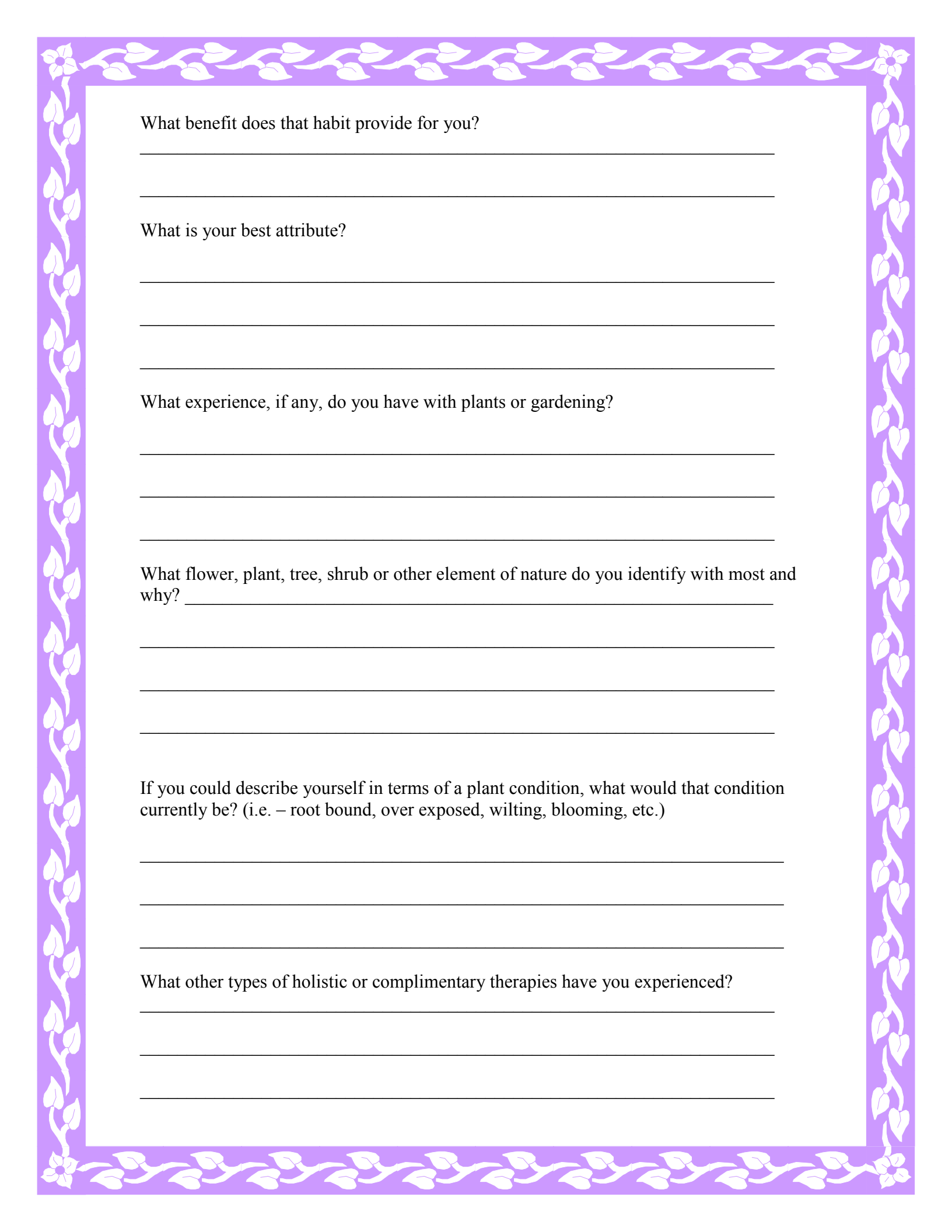
What are your greatest strengths? _____

What are your weaknesses? _____

If you woke up tomorrow and your life was ideal, what will have changed for you?

Name one area where you are “stuck”

What is your worst habit?



What benefit does that habit provide for you?

What is your best attribute?

What experience, if any, do you have with plants or gardening?

What flower, plant, tree, shrub or other element of nature do you identify with most and why? _____

If you could describe yourself in terms of a plant condition, what would that condition currently be? (i.e. – root bound, over exposed, wilting, blooming, etc.)

What other types of holistic or complimentary therapies have you experienced?
