

Harmony for Life ® Client Information Form:
Please e-mail completed form: Info@harmonyforlife.com

We are committed to offering you a holistic, “total person” or “total business” approach when you partner with Harmony For Life®. To support and assist our work together, please complete this **Client Information Form** and submit it to us via e-mail: Info@harmonyforlife.com. We also can send it to you and receive it from you via US or Worldwide Air Mail. In addition to the **Coaching & Consulting Client Agreement Form**, receipt of this completed form is required before our first session together. This form is confidential. This information cannot and will not be given to anyone without your written authorization.

Please respond to these questions honestly and with the intent of providing us with as thorough a picture as possible of you/your business and your/your business’s unique situation. *If any of these questions are difficult to answer or not applicable, please note this on your form.*

We are committed to assisting you in identifying, clarifying, and taking proactive, strategic action to minimize obstacles, maximize potential and resources, and support your successful forward movement and successful change and goal realization. Your time, thoughtfulness, and honesty are greatly appreciated—and are an integral part of co-creating the optimal experience for you with Harmony for Life ®.

Client Contact Information

Name/Business Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Daytime Phone _____ Evening Phone _____

e-mail Address _____

Preferred Contact Method: Phone (voice mail ____; text message ____) e-mail

Please specify how we shall leave a confidential message for you if unable to reach you directly:

Occupation/Career/Student Status/Current Life Role _____

Employer/School (If applicable) _____

Partner’s Name (If applicable) _____

Children’s Names and Ages (If applicable) _____

In Case of Emergency, please contact:

Name _____

Phone _____ e-mail Address _____

I will be participating in the following program or programs Coaching Consulting

How did you hear about Harmony for Life ®?

Billing Information and Authorization Pre-Payment Credit/Debit Card: (Can be completed at a later time.)

I authorize Harmony For Life® to charge my credit/debit card for the amount shown for services or programs as noted below until I terminate that authorization in writing.

Client Name _____

Name on Card (If not the same as above) _____

Billing
Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ e-mail _____

VISA MasterCard American Express Discover JCB

Card Number _____ Expiration Date MM/YY _____

\$ _____ per session for a total of _____ sessions,

or \$ _____ per package = **TOTAL \$ AMOUNT** _____

Authorized Signature _____ Date _____

Pre-Payment Directly to Harmony for Life ®:

I have made arrangements directly with Harmony For Life® to pre-pay for my services and programs at Harmony for Life ®. Approved pre-payment for services will be in the form of (select one):

Money Order Cashiers Check Personal Check Cash

\$ _____ per session for a total of _____ sessions, or \$ _____ per package

I have pre-paid a **TOTAL \$ AMOUNT** of _____ .

Client Signature _____ Date _____

ABOUT YOU: *If you are a business client, please answer questions as they relate to your business, your business team, business culture or environment, or your role within the business arena.

What is your main reason for seeking professional coaching or consulting now?

What goals do you want to accomplish through professional coaching or consulting?

Have you ever received or are currently receiving services from professionals in the fields of traditional/allopathic medicine, integrative medicine, alternative medicine, complementary medicine, holistic healing, healing arts, life counseling, life or business coaching or consulting? If so, please describe.

Have you ever been hospitalized? This may include, but is not limited to, medical/physical and/or psychological/psychiatric reasons. If the answer is yes, please describe when, where, and circumstances.

Have you experienced any major illnesses, diseases, trauma, abuse, violence, or accidents? This may include, but is not limited to, chronic/ongoing or acute conditions, or experiences that have impacted (either positively or negatively) your psychological/emotional, physical, and spiritual well-being.

Please describe any personal usage/abuse/overindulgence of chemical substances that have contributed to, impacted, or otherwise adversely affected your overall well-being, health, and life . This includes, but is not limited to, alcohol, foods, drugs/medications/remedies, or toxins.

Has anyone in your family ever received therapy, counseling, or related treatment for the aforementioned situations or circumstances? If yes, please describe.

How would you describe your overall sense of well-being at the present time?

How would you describe your diet at the present time?

How would you describe your sleep and sleeping patterns/habits at the present time?

How would you describe your mood/feelings/emotions at the present time? This might include, but is not limited to, anxiety, depression, fear/phobias, anger, hopelessness, frustration, elation or euphoria, relief, calm, etc.

How would you describe your thoughts and thought patterns at the present time? This might include, but is not limited to, obsession, rumination, generalizations, positive or negative self-talk/messages, self-limiting/punishing/guilt-slopping messages, or “all-or-nothing” thinking, etc.

Please describe the time you create for yourself to experience physical exercise, leisure activities, spiritual pursuits, and anything contributing to or supporting your overall life and well-being.

Please describe your occupation/career/student status/current life role at the present time.

Please describe any interpersonal relationships of significance (positive or negative) in your life at the present time—and your role in these relationships.

Is there anything else you think we should know about your life/family/relationships/work dynamics that is impacting or affecting you and your well-being at this time?

What do you feel or think is most important to ensure your success in accomplishing your goals?

Please describe anything you feel or think doesn't serve or support your efforts to meet your goals, or otherwise is an obstacle to your success.

What would it be like to realize and experience your goals?

How will you know you have realized and experienced your goals?

Thank you for completing this entire **Client Information Form**. Your honest, thoughtful, and active participation serves as the most powerful catalyst for our work together and for realizing your chosen goals. Thank you for submitting this form via e-mail. We encourage you to retain a copy for your records. **NEXT STEPS: Please take care to complete the HFL® Coaching and Consulting Client Agreement Form, also available on our website. Upon its completion, please e-mail it back to us: Info@harmonyforlife.com. Thank you!**

I send you warm regards.

Yours, in Harmony for Life®,

Mari Tankenoff, MA, LP (MN), LPCC (NM), LMHC (HI), CC-Coach Training Alliance Certified Coach

Info@harmonyforlife.com

<http://www.harmonyforlife.com>

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