



POSITIVE SELF
CENTER

FINANCIAL COACHING INTAKE FORM

Please provide the following information by answering all the questions below and bring with you to your first session. Information provided is protected as confidential information. If participating as a couple, each individual needs to complete this form.

Name: _____ Maiden Name: _____
(Last) (First) (Middle Initial)

Age: _____ Date of Birth: ____/____/____ Gender: Male Female

Marital Status: Single Married Domestic Partnership
 Separated Divorced Widowed

Address: _____
(Street) (Apt.) (City) (State) (Zip)

Cell Phone: (____) _____ - _____ May we leave a message or text you? Yes No

Home Phone: (____) _____ - _____ May we leave a message? Yes No

Work Phone: (____) _____ - _____ May we leave a message? Yes No

Email: _____ May we e-mail you? Yes No

*We use email for appointment reminders, news and updates for the Positive Self Center. Please note e-mail correspondence is not considered to be a confidential medium of communication.

Emergency contact: _____ Relationship: _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Employer (or school/grade) and position of client: _____

Education (last year completed or degree): _____

Person, agency or other referral source or how you heard about us (e.g., internet, doctor):

_____ Phone: (____) _____ - _____

Address: _____

May we send them a thank you note for referring you? Yes No

Do you work with a financial planner? Yes No

Do you work with an accountant? Yes No

Do you know your monthly expenses? Yes No

Do you know your total indebtedness? Yes No

What do you think prevents you from having more financial security?

How do you see your financial future?

What is the hardest part of money for you?

Earning Shopping/Spending No planning _____

What is your biggest financial regret?

What is your greatest financial achievement?
