

# **DR PHILLIPS: INTAKE QUESTIONNAIRE**

First name:

Last name:

Preferred name:

Address:

Telephone Number(s):

What is your birthday?

Age:

Emergency Contact:

Emergency Contact Telephone number:

Have you ever had counseling/coaching? Yes No

What was the topic of your counseling (briefly):

Do you use drugs or alcohol to sleep or "get by" in a day? Yes No  
If yes, describe usage:

Are you currently employed? Yes No If so, where?

What are you hoping to get from Good Listening?

Can you accept evening appointments during the week at 7 pm PST or 8 pm PST? Yes No

Are you able to use Zelle?

Do you have any specific questions for me?

How often would you want appointments for this work to meet your goal(s):

By signing below, the client acknowledges that they have reviewed and understood the policies and conditions of the Agreement. Clients understand that the relationship may be terminated by Dr. Phillips for several reasons, nonpayment of amount due, the depth of the issues may be more than Good Listening can address, the client has an alcohol or drug addiction or is abusive in the relationship. The client agrees to hold Dr. Phillips free and harmless from any claims, demands or suits for damages from any perceived injury or complication whatsoever, save negligence, that may result from the services rendered. I understand I am financially responsible to the Listening Coach, Leona Phillips, for all charges, and I understand that there is no third-party/insurance coverage for the services. You, the client, are the responsible party.

Client Name: (please print)\_\_\_\_\_

Client Signature:\_\_\_\_\_

Date:\_\_\_\_\_