



Total Life Counseling COACHING FORM

(Please Print)

Today's date:							
PATIENT INFORMATION							
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /	Age: 	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell phone no.:		Home phone no.: ()		
P.O. box:		City:		State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.: ()		
Referred to Center by (please check one box):							
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other			
Other family members seen here:							

I would like to be added to Total Life Counseling Newsletter to receive free articles, tips and resources: Yes No

GENERAL INFORMATION			
If client is under 18 years of age:			
Parent/ Legal Guardian		Address (if different):	
		Home phone no.: ()	
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation:	Employer:	Employer address:	Employer phone no.: ()

PROFESSIONAL INFORMATION					
DO YOU HAVE PREVIOUS MODELING EXPERINECE? IF YES, PLEASE EXPLAIN.					
INTERESTED IN: (CIRCLE ALL THE APPLY)		PRINT	RUNWAY	PROMO	TV/COMMERCIAL
MEASUREMENTS		WEIGHT:		HEIGHT:	
BUST:		WAIST:		HIPS:	
DO YOU HAVE SPECIAL TALENTS?					
WHAT ARE YOUR MODELING CAREER EXPECTATIONS?					

IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.				
<hr style="width: 100%;"/> <i>Patient/Guardian signature</i>			<hr style="width: 100%;"/> <i>Date</i>	