

Trifinity Wellness Intake Form

Client Intake Form

Trifinity Wellness is happy to welcome you as a new client. We are excited that you chose us to help you achieve your personal goals. Please complete the following information and return it via email or mail 11-135 Echo Drive, Ottawa, ON K1S 1M9, so that we can get started.

Date: _____

Client

Name _____

Contact Information

Address

City _____

State/Prov. _____

Zip/Postal Code _____

Business Phone _____ Home Phone _____

Email _____

Date of Birth (mm/dd/yyyy) _____

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Contact Email _____

Children's Names/Ages (if applicable)

Session Day/Time/Frequency _____

Start Date: _____

Client Name: _____

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Important Issues

Please briefly outline any issues you would like to deal with and what you hope to achieve in the coaching setting:

Issues/Goals:

I am interested in working with a wellness coach because:

Please sign and email this form to Patricia Lejour at trifinitywellnesscoach@gmail.com, or mail it to:

Patricia Lejour
11-135 Echo Drive,
Ottawa, ON K1S 1M9