



Santa Rosa Health Collective

1008 Fifth Street
Santa Rosa, CA 95404
(707)529-3030
drlucasplumb@gmail.com

Coaching: Initial Intake

Lucas Plumb, PhD, PSY 24405

“Tell me, what is it that you plan to do with your one wild and precious life?” -Mary Oliver

When you answer the following questions, please be as complete as possible so that Dr.Plumb can learn important things about you and refer back to this information throughout your work together.

Today's Date _____

Name _____ Age _____ DOB _____ Gender: M F T Fluid

Address _____ Social Security # _____

City / State / Zip _____ Cell Phone (_____) _____

Other phone or fax (_____) _____ Email Address _____

Closest Friend _____ Phone _____

Emergency Contact _____ Phone _____

Most recent year of school completed _____ Where _____ Date _____

Issues that made you seek coaching: _____

Current work status _____ Occupation _____

Previous jobs _____

What would your ideal job be? _____

Current relationship status _____ How long? _____

Partner / Spouse living with you? _____ Occupation _____

Describe how you feel about the relationship _____

Life Experiences that have been important to you _____

Any children / Ages _____

Are any living with you? ____ Describe relationship with your children _____

Parents: Mother _____ Age _____ Living _____ If deceased, when? _____

Father _____ Age _____ Living _____ If deceased, when? _____

Describe your relationship with your parents as you were growing up _____

Were your parents ever separated/divorced? _____ Briefly describe how this affected you

What do you know about your mother's pregnancy and your birth? _____

Siblings/Ages _____

Describe your relationship with siblings _____

Have you been coached before? _____ Level of satisfaction? _____

Name of Provider _____ Dates _____ Frequency _____

Have you had or are you having any suicidal thoughts now? _____

If having thoughts, please describe _____

Have you ever been hospitalized in a psychiatric facility? _____ When _____

Past or present medications for psychological conditions:

MEDICATION	DOSAGE	DATE STARTED/ENDED	PRESCRIBING PHYSICIAN

Are you aware of any history of mental illness, alcoholism, or drug abuse in your extended family?

Have you ever been affected by or abused alcohol or recreational drugs? ____ Please describe

Are you in any type of recovery program? _____ Please describe _____

Please describe your state of health and any physical problems you may have at this time _____

Are you under a physician's care? Yes ____ No ____ Name of Physician _____

Do you utilize nutrition to improve your health? _____

How strong is your desire for coaching? Strong _____ Moderate _____ Not sure _____ Forced! _____

Whom may I thank for referring you _____

What do you do to sustain yourself in stressful situations? _____

What spiritual affiliations and practices to you currently have? _____

Please feel free to add anything else that you would like me to know about you? _____

If you were to imagine an ideal outcome to our coaching work together, how would you describe what would your life would look like _____

What was the one most important factor that made you pick up the phone and seek out coaching?

Thank you very much-I look forward to our work together!

CLIENT AGREEMENT

I, _____ understand that Lucas Plumb, PhD is acting in a coaching capacity and my work with her is not to include therapy. If she decides that therapy is indicated, she will make the necessary referrals to a licensed therapist.

I understand that Dr. Plumb has set aside this time for coaching and that I am responsible for making my appointment. If I do not cancel with 24 hours notice, I will pay for the coaching session. If I am on a weekly schedule, I will have a minimum of 4 appointments per month. If I am on an every other week schedule, I will have a minimum of 2 appointments per month.

I understand that Dr. Plumb will need to charge for phone calls and emails after 5 minutes @ \$1 per minute.

I understand that if I decide to discontinue coaching, that I will schedule at least one session for closure with Dr. Plumb.

I understand that Dr. Plumb will hold our work together under strict confidentiality guidelines. In our coaching work, all information about me will be strictly confidential unless I am a danger to myself or others or if I reveal that I am abusing a child under 18 or elder adult. In all other cases, Dr. Plumb can only release information when I sign a consent form allowing it.

I understand that Dr. Plumb cannot provide letters or evaluations in legal or other matters.

I understand that if I am in crisis and cannot reach Dr Plumb, I am to call Sonoma County Crisis Line at (800)746-8181 or my local crisis center where I am living. I understand that if I need further help, I will call 911 or go to my nearest emergency room.

DATE: _____ SIGNATURE _____ PRINTED _____

DATE: _____ SIGNATURE _____ PRINTED _____