

**Erika Schupak Neuberg, Ph.D., Life Coach**  
**700 N Dobson Rd., Chandler, AZ 85224**  
**480-703-9972**

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

Adult Client Name (or primary parent of minor): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

For scheduling or changing appointments, where can I call you and how would you like me to identify myself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Name (minor or dependent): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Please list all people with whom you are living, including age and relationship:

Name	Relationship	Age
_____		
_____		
_____		

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Referred by: \_\_\_\_\_

Current medical  
problems: \_\_\_\_\_

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Medications currently taken: \_\_\_\_\_

\_\_\_\_\_

Previous counseling or coaching services: \_\_\_\_\_

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