

HERSTORY/HISTORY

Today's Date: _____

How did you hear about my mentoring services? _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Phone (Cell) _____

Email Address _____ Fax Number: _____

OK to leave messages everywhere? _____

Preferred means of communication: _____

Birth Date: _____

Other Significant Dates: _____

Present situation

Please state why you decided to come for mentoring at this time.

What is the nature of your situation?

What have you tried in the past to address this issue?

How long have you been working on this? _____

Work history

Occupation _____ How long _____

If presently unemployed, describe the situation _____

Hobbies/Passions _____

What three words would you use to describe:

Yourself: _____

Your Father: _____

Your Mother _____

God: _____

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life? _____ Why/Why not? _____

Physical/Mental Health History

General Health _____

Any recurrent or chronic conditions? _____

Are you taking any medication? _____ If yes, please list:

Type of medication Reason for medication How long have you been taking it

How many hours per night do you sleep? _____ Do you wake up in the night? _____

Do you drink alcohol? _____ If yes how often/how much? _____

Do you use drugs? _____ If yes, what and how often? _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Have you ever received treatment for alcohol and/or drugs? _____ Describe _____

Are you in therapy now? _____ If yes, is your therapist aware of our work together? _____

Any previous counseling/therapy? _____ If yes, when was it, for how long, and what was the result?

Family Information

List all persons currently living in client's household:

Name	Age	Sex	Relationship to client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as client:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation with above : _____

Are you married? _____ # of marriages _____ Spouse's name _____

Living with a partner? _____ How long? _____ Partner's name _____

What influenced your decision to work with a mentor?

Have you ever been coached or mentored? If so, please describe the experience.

Do you have specific goals for the mentoring relationship? If not, what goals might you now create?

What are your significant commitments?

What would your perfect life look like?

What are your dreams?

What dreams have you given up on?

Where do you want to focus first?

What parts of your life are working best now?

What parts of life are working least well?

What are your values?

What stops you from having the life you want to have?
