



Client Contact Information		
Name:		
Date of birth:		
Nationality:		
Location:		
Occupation:		
Contact number:		
E-mail:		
Choose your preferred Coaching	<b>1-1 coaching</b> Familycoaching	Parentscoaching ChildCoaching
Information about the highly sensitive child		
Name:		
Date of birth, age		
Gender:		
Did You do any quiz on high sensitivity of the child?	yes	no
How would You describe your child's current mental/emotional state?		
How would You describe your child's physical health?		



Is the child receiving any other type of therapy/medical intervention that I need to know about?	
Is there anything specific related to Your Child's history, or current general mental, emotional or physical health that I need to know in regard to us working together?	
<b>Questions related to the reasons for Coaching</b>	
Reasons for coaching:	
Goals for Coaching:	
Preferred duration of coaching / number of sessions:	



Client information	
Did You do any quiz on high sensitivity?	<div>yes</div> <div>no</div>
What is Your family situation?	
What is Your relationship status?	
Are You receiving any other type of therapy/medical intervention that I need to know about?	
How would You describe your current mental/emotional state?	
How would You describe your physical health?	
Are You on any medication that is important for me to know about?	



What social supports do You have?	
Is there anything specific related to Your history, or current general mental, emotional or physical health that I need to know in regard to us working together?	
Do You have any specific spiritual/religious beliefs?	
<b>Next steps</b>	
What is the best way for us to conduct the call?	
When is the best time for sessions?	
Today's Date	
Signature	

I confirm that I have voluntarily and in full awareness provided accurate information about myself and my child.

«Even a little time with the right person can make all the difference»

Dr. Elaine N. Aron,  
clinical research psychologist of the High Sensitivity Trait.