ADHD Coaching Intake Form

Confidential Information

The following form should be filled out for the individual who will be receiving ADHD coaching services

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

- **Preferred Contact Method**: ☐ Phone ☐ Email ☐ Text

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Background Information

Have you been officially diagnosed with ADHD? ☐ Yes ☐ No

- If yes, by whom? _____
- Diagnosis Date: _____

Are you currently working with any other professionals (e.g., therapist, counselor, psychiatrist)? ☐ Yes ☐ No

If yes, please provide their name(s) and role(s):

_____

Are you currently taking any medications for ADHD or other conditions? ☐ Yes ☐ No

- If yes, please list: _____

Goals for Coaching

1. What are the main areas you'd like to focus on in coaching? (Check all that apply):
   ☐ Time Management
   ☐ Organization
   ☐ Emotional Regulation
   ☐ Academic Support
   ☐ Relationships and Communication
   ☐ Other: _____

Rate how often you experience the following symptoms (1 = Rarely, 5 = Always):

2. Symptom	1	2	3	4	5
Difficulty organizing tasks or activities					
Forgetfulness in daily activities					
Losing items needed for tasks					
Trouble sustaining attention					
Impulsivity or acting without thinking					
Difficulty completing projects					

3. Describe your biggest challenges or frustrations related to ADHD:

4. What would success look like for you after 3-6 months of coaching?

Educational Background

1. **Occupation/School Status**:

- ☐ Full-Time ☐ Part-Time
- ☐ In-person ☐ Online ☐ Hybrid
- Name of School: _____
- Education Level (grade/year): _____

2. **What strategies or tools have you used to manage ADHD so far?**
   ☐ Medication ☐ Therapy ☐ Coaching ☐ Apps/Planners
   ☐ Other: _____

3. **Do you have a history of any other learning disorders?**
   - ☐ Yes ☐ No

   If yes, please list
   _____

Mental Health Background

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1. **How often do you feel overwhelmed?**
   ☐ Rarely ☐ Sometimes ☐ Often ☐ Always
2. **Do you experience challenges with emotional regulation?**
   ☐ Yes ☐ No
3. **Have you ever been diagnosed with a mental health condition? If yes, please list**

   _____

4. **Do you have any mental health concerns? If yes, please explain.**

   _____

5. **Are you currently receiving treatment for any mental health conditions?**
   ☐ Yes ☐ No

   If yes, please list the treatment type (e.g., therapy, medication) and provider:
   _____

   Name of Provider: _____

   Provider Contact Information: _____

- **Have you ever experienced thoughts of self-harm or suicidal ideation?**
  ☐ Yes ☐ No
  - If yes, are these thoughts current or in the past? _____

- **Have you ever experienced homicidal ideation or thoughts of harming others?**
  ☐ Yes ☐ No

    - If yes, are these thoughts current or in the past? _____
- Have you previously worked with a coach, therapist, or counselor? ☐ Yes ☐ No
    - If yes, what was the focus? _____
    - Do you anticipate any barriers to participating in coaching (e.g., time, technology)? ☐ Yes ☐ No
        - If yes, please explain: _____

Signature: _____
By signing, I confirm that the information provided is accurate to the best of my knowledge.

Date: _____