



743 9th Street Lake Oswego OR 97034 503-908-7842 www.theinnerbottomline.com

The Inner Bottom Line Client Registration

Personal Profile:

Name _____ Birth date _____ Age _____ M / F ?

Relationship Status Single _____ Committed _____ Married _____ Divorced _____ Other _____

Address _____

City _____ State _____ Zip Code _____

Phone Home _____ Work _____ Cell _____

Preferred Email _____

Occupation _____ Currently working? Y ___ N ___

Previous Position _____ Company _____ From _____ to _____

Previous Position _____ Company _____ From _____ to _____

Previous Position _____ Company _____ From _____ to _____

Referred by _____ Phone _____

Emergency contact:

Name _____

Phone _____

Relationship _____

Financial Agreement

I, the undersigned, hereby accept full financial responsibility for this account and for full payment due at time of service.

If a credit card is used at the time of service, a small fee will be added to the hourly session rate to cover that transaction.

If payment is agreed to by personal check, I guarantee the bank funds to cover the session amount and also agree to be responsible for all related bank charges should that check prove to not have sufficient funds to cover the written amount.

A 24-hour cancellation policy is applied to all scheduled appointments without exception.

Patient Signature _____ Date _____



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Client History

What brings you to The Inner Bottom Line?

(Describe three key issues, their duration and any related symptoms, i.e anxiety, anger, insomnia, loss of appetite, etc.)

List your top five goals you'd like to achieve in this work. Have you set a timeline to accomplish these goals?

Have you worked with other coaches? If so, when and for how long, what was the outcome and were you satisfied?

Why this work now? And why The Inner Bottom Line?

Current activity levels: High _____ Medium _____ Low _____ How fit do you feel? _____

What do you do for recreation? _____

What do you do to relax? _____
