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Initial Coaching Session for a Child/Adolescent

Child's Name: _____ Gender: M / F Age: _____

School: _____ Grade: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

May I send information to this address? Y / N

May I call/leave messages at this number? Y / N

Person accompanying child: _____ Relationship: _____

Circle who child lives with:

Both parents Mother Father Mother/Stepfather Father/Stepmother Other

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

E-mail: _____

E-mail: _____

May I add you to my mailing list? Y / N

May I add you to my mailing list? Y / N

Cell Phone: _____

Cell Phone: _____

May I call/leave messages at the above numbers? Y / N

May I call/leave messages at the above numbers? Y / N

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

May I call/leave messages at this number? Y / N

May I call/leave messages at this number? Y / N

Spouse's Name: _____

Spouse's Name: _____

Who referred you to Dr. Hunnicutt? _____

May Dr. Hunnicutt communicate with your referral source to let them know you have followed up on the recommendation for services? If so, please sign below.

Client or Parent/Guardian Signature

Date

Angela Hunnicutt, Ph.D., HSPP

Date

Please list the goal(s) I will be coaching your child on _____

Tell me what these goals mean to you, your child, and/or the family _____

What will it be like when these goals are accomplished? _____

In the past, what has gotten in the way of accomplishing these and/or other goals? Please list thoughts, feelings, limiting beliefs, lack of support, and anything that has been an obstacle. _____

Anything else I should know about your child (e.g. strengths, religious affiliation, special challenges)? _____
