

Steele Recovery

Life Coaching

Registration & Questionnaire

This Life Coaching service is for women finding it difficult to move forward to reach their goals

Client Information:

Name: _____

Address _____

City: _____ State: _____ Zip Code: _____ Age: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Marital Status: Married____ Single____ Divorced____ Separated____

Military: Y____ N____ Branch _____

Enlisted Year _____ Discharge Year _____ MOS _____ Veteran: Y____ N _____

Where did you hear about Steele Recovery?

Honesty is KEY

As we partner in this journey, a list of questions is asked to reveal the problems and challenges you've experienced in order to assist in creating a solid plan for you. Honesty is key so pause as you ponder the question, then answer. We are as sick as our secrets and truthfulness is the antidote. There is no judgement or negative thought toward you with any of the answers you give. You are safe here. Take a risk to discover your true self and into a life of that leaves you happy joyous and free.

INTAKE QUESTIONNAIRE

~In a few words, say the reason you're seeking coaching? Why now?

~Can you identify the immediate problem you would like to address in coaching?

~What are you hoping to achieve from coaching?

~Is there someone you love addicted to drugs or alcohol?

~Has there been a major event in the last 5 years that has caused you to not achieve your goals?

~Do you have feelings of guilt and shame? Can you describe them?

~Do you take on other people's problems and neglect your own?

~Is there something you've wanted to achieve but feel stuck

~ Do you sometimes take pain pills as a way to cope and find relief?

~Have you ever drank alcohol more than you should?

~Have you ever had a problem with alcohol or used drugs in the past? Are you in recovery?

~Do you take prescription drugs for pain or mental health problems?

~How do you cope with problems?

~What major events have you experienced in the last 5 years?

~How do you communicate your feelings?

~What behavior patterns have you noticed that concern you?

~Do you find yourself feeling guilty? About what?

~What are your current fears?

~What do you find yourself lying about either directly, by omission or avoidance?

~What is the goal you are looking to achieve?

~What makes you angry?

~What does your anger look like?

~Have there been times in your life where you tried to move forward but are paralyzed by fear?

~Do you feel stuck?

~What is your fear?

~What do you obsess on?

~What happens when you try to move forward to accomplish your goal?

~What's the hardest day of the week for you? Why?

~What are the hardest times of the day for you? Why?

~What's your thought process at those times?

~Do you isolate or withdraw from others or are aggressive and act out when having problems?

~Are you overly sensitive to criticism? Such as:

~Can do you identify any "triggers" that lead to negative behavior?

~Has your efficiency or performance at work or home life decreased?

~How much time from work do you lose when obsessing on others or your relationship?

~Do you have migraines, stomach problems or other health problems?

~Are you a workaholic or an overachiever? If so, explain

~Do you try to be perfect?

~What does perfect look like to you?

~How do you communicate your feelings

~Do you over spend on money you don't have?

~Where did you think you'd be by this age?

~Do you hold a grudge or forgive too easy?

~Who do you talk to about your problems? Do you currently have someone you trust?

~ Do you normally blame others for the way you feel or do you take the blame onto yourself?

~Is someone you love addicted to alcohol or drugs? If so, how are you affected?

~If you do something for yourself does it make feel you selfish?

~Do you procrastinate? If so, how?

~Are you afraid or reluctant to ask others for help?

~Do you feel as though you're "weak" if you ask for help?

~Do you try to please others first before you please yourself?

~Do you feel guilt or shame about anything past, present or even future?

~In what ways do you escape your problems?

~Do you tend to text someone rather than speak on phone or face to face?

~Are you open to attending support meetings as a tool on your journey?

~Do you run away to avoid emotional pain?

~Do you feel guilty when parenting even if you have adult children?

~Do you know you need to take action but at times are paralyzed with fear?

~Generally speaking, tell me about your romantic relationship history?

~When entering into a romantic relationship, what do you find yourself attracted to?

~When in romantic relationships, what is the reason you break up?

~When afraid, do you first: Fight, Flight or Freeze?

~Do you normally approach and guide the relationship or are you controlled?

~Do you suffer from fear of abandonment or rejection?

~Is it hard for you to let go?

~How much time from work do you lose when obsessing on others or your relationship?

~Are you currently in a relationship now? Can you describe it?

~Is there any addiction or alcoholism run in your family?

~Growing up, was there violence in the home? Verbal, emotional, sexual, or physical, neglect?

~ Please describe in a general way your relationship history?

~On a scale of 1- 10, 10 being the most, how much do you need to control?

~Are you currently in a relationship now or recent break up? In your own words, will you describe it?

~What is your greatest fear when in a relationship?

~Do you believe in a Higher Power or God?

~Are you open to obtaining a spiritual (not religious) connection as a vital path to your healing process?

~Our service builds on Christian principles to form a Spiritual foundation. Are you open to it?

~What are you willing to do?

~What are you NOT willing to do?

I'm ready to embark on this journey with Nadine Steele as my Life Coach as we work together in discovering root causes to the areas of my life that keep me stuck and from attaining my goals. This is a confidential service and although this process may be difficult and uncomfortable at times, I understand I am not required to do anything I don't want to do but, I will take the necessary steps with guidance to find healing spirituality and freedom.

Client Print: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

Steele Recovery is owned and operated by Nadine Steele, CADC-II, NCAC-I NCRC-II, Aii10110315, 016754. She is nationally accredited and certified with the state of California as and Drug and Alcohol Counselor and Recovery Coach. Nadine has over 20 years of experience in the field of addiction and recovery specializing in women with addiction, codependency, women's issues and other Coaching needs. Steele Recovery is an alternative approach to conventional addiction treatment for women who seek an organic spiritual experience in a private and confidential setting for women. Nadine goes at your own pace and with God as our guide, we wait for miracles to happen.

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**For Those Concerned with Stigma or Anonymity**

*We respect the privacy of all our clients, therefore, no Government agency, Board or electronic filing will monitor your behavior, track your progress or have access to any of your information. We are a private*

*service. No reporting system of any kind shall be made, we will not share your information with anyone outside of Steele Recovery. We are bound by confidentiality laws and your privacy is paramount.*

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Steele Recovery is a Private Service and NOT an accredited Treatment facility therefore, we do not take insurance. Steele Recovery is Private Pay Only

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***I UNDERSTAND THAT NADINE STEELE IS A MANDATED REPORTER AND ANY INFORMATION DISCLOSED IN SESSION SHALL BE SUBJECT TO REPORTING UNDER PENAL CODE 273D AND CHILD ABUSE LAWS IN THE STATE OF CALIFORNIA. (***

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