# Lisa Gabardi, Ph.D., LLC

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## Client Information/Coaching

**Client Name: _____ Today's Date: _____**

**Client Address: _____**
**City, State, Zip: _____**

**Phone: (Home)_____ (Work)_____**
**(Cell)_____Email: _____**

I give permission to be called at (please circle all that apply) **(H) (W) (Cell)**
You may leave a message for me at (please circle all that apply) **(H) (W) (Cell)**

***Would you like to be added to my newsletter with the above email address***? _____Yes _____No

**Date of Birth: _____ Age: _____**

**Preferred Pronoun** (circle): he/him/his, she/her/hers, they/them/theirs **Relationship Status:**
**_____**

**Education: _____**

**Occupation: _____**

**Employer: _____**

**Others living in your home: (Please list name, birthdate, and relationship to you)**

**_____**

**_____**

**_____**

**Emergency Contact :_____ Phone:_____**

**My Divorce is being handled by: ____ Traditional two attorney model**

**(check all that apply) ____ Two attorneys with litigation (court date:_____)**

**____ Collaborative divorce model**

**____ Mediation**

____ **Kitchen Table (do most of the paperwork ourselves)**

____ **Other (describe: _____)**

**Professionals involved in your divorce: (Please list name, professional title, phone number)**

**Ex: Jane Doe, attorney, 555-1111 or John Doe, child custody evaluator, 555-0000**

_____

_____

_____

**Goals for Coaching:**

_____

_____

_____

_____

**Anything else I should know about you and your divorce?**

_____

_____

_____

**How did you hear about my services?** _____

_____ **Date:** _____

**Client Signature**