GeniusCoaching

Personal Information

DATE: _____

PARENT NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL# _____ HOME PHONE# _____ WORK PHONE# _____

E-MAIL ADDRESS _____

BEST WAY TO COMMUNICATE ☐ CELL PHONE ☐ HOME PHONE ☐ E-MAIL ☐ TEXT MESSAGE

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

Child's Information

NAME _____ DOB _____

EMAIL _____ SCHOOL _____ GRADE _____

SIBILING NAME DOB PROFESSION/SCHOOL NAME DOB PROFESSION/SCHOOL

_____

_____

Strengths and Challenges

Why is this form important?

At Genius Coaching®, we focus on your ability to fully develop your child's innate talents and strengths. Our goals are to first address the challenges that brought you to this office and second, to offer you the opportunity of improved success at school and quality of life in the future. On a daily basis we all experience physical, biochemical and psychological/ emotional stress that can accumulate and result in unusual behavior or habits. Most times the effects are gradual and may not even be felt until they become serious. Answering the following questions will give us a profile of the specific stress past and present that your child faces and allow us to better assess the challenges to their development potential.

Addressing what brought you to this office

Please briefly describe your chief concern, including the effect it has had on your child's life.

Since the problem started, it is… ☐ About the Same ☐ Getting Better ☐ Getting Worse

What makes it worse? _____

What have you done for this situation that has helped him/her feel better?

_____

What has been done for this situation that was of no help?

_____

☐ We do ☐ We do not have a family history of this or similar symptoms (if you do, please explain)

How is this situation interfering with ☐ Learning ☐ Leisure ☐ Sleep

☐ Sports/exercise/walking ☐ Hobbies ☐ Positive Mental attitude

☐ Other Please explain: _____

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General History of your child's challenges

	Addictions	Boredom	Aggressive	Distractions	Irritability	Sadness	Passivity
Since When							
INTENSITY (1=Mild, 10= Very serious)							
	Over-Excitability	Mood Swings	Withdrawn	Disconnected	Daydreaming	Medical Challenges	Poor Grades
Since When							
INTENSITY (1=Mild, 10= Very serious)							
	Low Motivation	Shyness	Social Isolation	Food Sensitivities	Skin Sensitivities	Emotional Sensitivities	
Since When							
INTENSITY (1=Mild, 10= Very serious)							

Child's Development

Crawling at age: _____ Walking first steps at age: _____

Speaking in single words at age _____

Speaking entire sentences at age _____

Highly talented in:

- ☐ Speaking ☐ Reading ☐ Writing ☐ Math
- ☐ Music ☐ Arts ☐ Computers ☐ Business
- ☐ Connecting w. people ☐ Talking to adults ☐ Debating ☐ Sports

Special interests:

Unusual observations:

Tested for Giftedness? ☐ Yes ☐ No When: _____

Test for IQ? ☐ Yes ☐ No When: _____ Result: _____

Tested by: _____ Phone #: _____

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The Beginning Years:

Research is showing that many learning and behavior challenges that occur later in the life originated during the developmental years, some starting at birth. Please answer the following questions to the best of your ability.

Birth to 17 years of age	Yes	No	Unsure	Specify
Any serious Childhood illnesses?				
Youth sports?				
Take/use of any drugs (prescribed or not)?				
Any surgery				
Involved in any car accident?				
Prolonged used of medicine such as antibiotics or an inhaler				
Any other physical or emotional traumas?				

On a scale of 1-10, (**1 being very poor and 10 being excellent**) describe your

Eating habits: Exercise habits: Sleep: General health: Mind-set: Water intake:

Play History

What games did your child play before entering Kindergarten?

_____

What games were important during Kindergarten and Elementary School time?

_____

What games were/are typical for her/him during Middle School and High School period?

_____

What games are important NOW?

_____

What is the ONE game that he/she would play over and over again?

_____

I consent to a professional Genius Evaluation Session to identify my hidden brilliance. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Signature _____ Date: _____

Thank you for filling out this form. It is your first step to developing your innate gifts.


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