



## Life Coaching Referral Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Rancho #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Type of Injury: \_\_\_\_\_ Date of Injury / Onset: \_\_\_\_\_

I completed or will complete my therapy program by: \_\_\_\_\_ (Month / Year)

**Circle your answer(s) below**

In order to get ready in the morning, I need ...	no Help	some Help	A lot of help
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To get around the community, I use...	my legs	manual wheelchair	power wheelchair
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I currently live...	with my family	in my own place	with my significant other
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I think the <i>KnowBarriers</i> program can help me most to...	stay motivated	figure out what to do next	problem solve new situations
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Anything else? \_\_\_\_\_

**Name 2 goals you want to achieve this year:**

1. _____	2. _____
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**List 3 steps or things you need to do, to complete your first goal:**

1. _____	2. _____	3. _____
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<b>Name one of your strengths:</b>	<b>Name one of your weaknesses:</b>
_____	_____

**Clinician Reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

Return completed referral form to: Bobbi Tanberg  
FAX #: 562.401.6169 or JPI Bldg Room 2122