



*Dear Participant,*

*Welcome to Outright Exposure...*

*We are excited that you have chosen to take the first step in what will be an exciting spontaneous journey. This opportunity will no doubt be one of the best relational experiences you will ever have. With other individuals you will gain understanding and develop confidence in your unique personal expression.*

*Throughout our times together you will be encouraged to think and share your perspective on the topics discussed as well as increase your capacity to listen and care for the people who are different than you.*

*We can't wait to meet you and support you in reaching your goals and aspirations. We are glad you have chosen us to be a part of your growth and applaud you in every effort you make to improve your life. Come have some fun, knowing that by the end of our times together you will be in a better place, reflecting outward the "gold" you possess inside.*

*Please take some time to reflect on who you are and want to become. Complete the two-page intake or give us a call if you have questions...*

*Sincerely,*

*The Outright Exposure Team*

## OUTRIGHT EXPOSURE INTAKE FORM

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY STATE ZIP** \_\_\_\_\_

**PHONE HOME** \_\_\_\_\_ **MOBILE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**HEALTH CONDITION** \_\_\_\_\_ (**POOR, FAIR, GOOD, EXCELLENT**)

**HEALTH CONTINUED: ARE YOU CURRENTLY TAKING ANY MEDICATIONS?**

**WHAT ARE YOU BEING TREATED FOR?** \_\_\_\_\_

**CURRENT PHYSICIAN PROVIDING TREATMENT**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DO YOU HAVE ANY ALLERGIES OR HEALTH CONDITIONS WE SHOULD KNOW ABOUT?**

**WHAT ARE YOUR HOBBIES?**

**PLEASE TELL US WHAT IF ANY PROFESSIONAL MENTORING RELATIONSHIPS OR PROGRAMS YOU HAVE PARTICIPATED IN THE PAST 12 MONTHS. (PSYCHOTHERAPY, COACHING, TUTORING, OUTWARD BOUND ETC.)**

**HOW DO YOU FEEL ABOUT THOSE EXPERIENCES?**

**PLEASE TELL US WHY YOU WANT TO PARTICIPATE IN THIS PROGRAM OUTRIGHT EXPOSURE?**

**WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?**

---

---

---

---

---

---

**LIST THREE THINGS THAT YOU LOVE AND THREE THINGS THAT YOU HATE?**

*We are looking for what kinds of things, ideas or events impassion you?*

**WHAT I LOVE**

**WHAT I HATE**

<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
-------------------	-------------------

**WHAT GOALS DO YOU HAVE FOR YOURSELF? WHAT DO YOU WANT TO DO WITH YOUR LIFE?**

---

---

---

---

---

---

---

---

---

---

**WHAT ARE YOUR GREATEST DIFFICULTIES?**

---

---

---

---

---

---

---

---

*I have completed this intake sheet and agree that all the information is accurate. As a participant in Outright Exposure Coaching/Mentoring Programs I willing accept responsibility for myself; my thoughts, feelings and actions and by my signature here agree to work with my group members and the leadership in a respectful and tolerant manner.*

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Please return this form via email to [information@outrightexposure.com](mailto:information@outrightexposure.com) or snail mail to:

**Outright Exposure c/o LifeSkills Incorporated P.O. Box 311 Arlington Heights, IL 60006-0311**

