



| Date: | _ | |
|-----------------------------------|--|---------------------|
| Name: | | |
| Occupation: | | |
| Business Name: | | |
| Home Address: | | _ Preferred Address |
| | | |
| | | |
| Business Address: | | Preferred Address |
| | | |
| Day Phone: | Evening Phone: | |
| Fax Line: | Cell Phone: | |
| E-mail Address: | | |
| Okay to leave messages everywher | re? If not, explain: | |
| Preferred means of communication | n: | |
| Date of Birth: | Age: | |
| Other Significant Dates: | | |
| | day of week) [or} (time of c | |
| Names of important people in your | r life (spouse, children, family, friends, e | etc.): |
| | | |
| Emergency Contact: | | |

| What role does faith play in your life? |
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| In what ways would you like for your life to be different one year from now and be specific? |
| |
| What's getting in the way of you reaching these goals? |
| |
| Have you ever been coached? If so, please describe the experience? |
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| Do you have specific goals for the coaching relationship? |
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| What are your personal and professional significant commitments? | | |
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| Where do you want to focus first? | | |
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| What parts of your life are working best now? | | |
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| | | |
| | | |
| What parts of life are working least well? | | |
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| | | |
| What are your values? | | |
| | | |
| | | |

| What stops you from having the life you want to have? | | |
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| ow did you hear about my coaching services? | | |
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