

CLIENT DATA FORM

Name:

Date:

Occupation:

Address:

Cell phone:

Okay to leave messages? Ok to text?

Email:

Birthday:

Preference for individual coaching times:

Best day(s) of week best time of day

Marital Status:

Children (and ages) if any:

Names of other important people in your life (spouse, partner, friends, etc.)

Emergency contact:

How did you hear about my coaching services?

What influenced your decision to work with a coach?

Have you ever been coached? If so, please describe the experience

Do you have specific goals for the coaching relationship?

What are your strengths?

What are your weaknesses?

What are you most passionate about?

What would your perfect life look like?

How would you describe yourself?

What stops you from having the life you want to have?

**YOUR LIFE STORY**

**WHAT IS IMPORTANT FOR ME TO KNOW ABOUT YOU?**

Detail any important aspects, accomplishments, and highlights that you feel are important for me to know. You may continue on additional pages as needed.

**SPIRITUAL ASSESSMENT**

Please tell me as much as you want me to know about your spiritual journey and relationship with Christ. (Feel free to take as much room as you need.)

**LIFE BALANCE ASSESSMENT**

Take a few minutes to think about your life and then rate yourself on the following scale with a score from 1 - 10, with 10 being completely satisfied, and 1 indicating plenty of room for improvement.

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10

• Physical Health

• Emotional Health

• Spiritual Health

• Family

• Finances

• Career

• Social Relationships

• Time & Schedule

• Learning/Growth

• Recreation/Fun