



CLIENT DATA FORM

Name: _____

Date: _____

Occupation: _____

Business Name: _____

Address: _____

Preferred phone number: _____

Alternate phone number: _____

Okay to leave messages? _____

E-mail: _____

Birthday: _____

Preferred coaching schedule:

On (day of week) _____ at (time of day) _____

Marital Status: _____

Children (and ages) if any: _____

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

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? _____

“Introvert” (prefers solitude) _____

“Extrovert” (prefers interacting w/people) _____

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

SPIRITUAL ASSESSMENT

Please write a few sentences that describe your spiritual journey and relationship with Christ.

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.

- Physical Health _____
- Emotional Health _____
- Spiritual Health _____
- Family _____
- Finances _____
- Career _____
- Social Relationships _____
- Time & Schedule _____
- Learning/Growth _____
- Recreation/Fun _____

