

INTAKE FORM

Please complete and return this form at least 24 hours before your first coaching session.

CLIENT'S NAME:

DATE:

THE COACHING EXPERIENCE

01 What are you looking for from the coaching experience?

02 How can your coach best support you during the coaching relationship?

03 What would you like your coach to do if you struggle with your goals?

04 How will you know when you are receiving value from the coaching process?

HEALTH & MEDITATION

05 Describe your current meditation practices (if any).

06 Describe your eating habits and nutritional satisfaction.

07 What forms of physical activity and movement do you practice? Do they bring you joy?

08 Please describe your emotional well-being.

09 What are your current self-care practices?

10 Describe your sleep quality and length.

YOUR LIFE & EXPERIENCE

11 What is most important to you in your life and why?

12 Who in your life do you consider a support system and why?

13 Describe a moment or experiences from your past that has defined you.

14 What are your current stressors and obstacles to moving forward?

15 How do you get in your own way?

16 What is the greatest challenge you've had to overcome?

17 Are you currently under the care of a mental health professional, psychologist, or psychiatrist? If yes, what are they treating you for? Are you on any medications?

18 Additional information your coach should know:

Please let me know how you found out about me: