Please fill out this intake form so I can learn more about you to tailor our coaching sessions.

Coaching Client Intake Form

Name and how do you like to be addressed?\*

Email? \* Birthday: Month & Day (year optional):

Preferred Method of Contact:

 Text

 Email

Phone

Mailing Address: Address, City, State, Zip. By filling out your address you consent to receiving snail mail from me.

Website & Social Media Accounts:

For our sessions, do you prefer:

Zoom

Phone call

In person

Tell me about your self (For example: I'm mid-50's, looking for career change, ex-ski instructor, from a small town in the mid-west, I'm an artist and I hike, bike and keep fit. I’m divorced and live alone) (JUST AN EXAMPLE)

What other forms of self-work/help and/or care do you utilize now or in the past? E.g. Therapy? 12-step? Meditation? Exercise? Painting? Journaling? Play an instrument? Play Pickleball? (JUST EXAMPLES)

What is your current position or status in life/career/business?

What are your top goals for your life/profession/business?

Which goals/projects have you reached within the last year?

What are your greatest struggles within your life/profession/job search right now?

What are your personal Life Goals?

How do you currently spend your leisure time?

What 3 changes do you most want to make in your life?

What do you feel ready to achieve? What does that readiness feel like?

As an adult, have you worked in a one-on-one relationship (e.g. coach, music lessons, or with a therapist)?

 Yes No

What worked well in the above relationship?

What major changes have you experienced in the past 12 months? Ex: change of job, new role at work, change in residence, etc.

Are there any major changes you've experienced in the past 1-5 years that feel relevant to you?

On a scale of 1-5 (5 is high), how satisfied are you with the life choices you have made in the last 5 years? (Just BOLD your number in response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

On a scale of 1-5 (5 is high), how much stress is in your life right now?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

What are stress triggers for you? What are you tolerating in your life at present?

Ex: clutter, poor lighting, dented car, job dissatisfaction, dead plants, broken equipment, etc.

What words would someone use to describe yourself at your best?

What words would someone use to describe yourself at your worst?

What concerns do you have about life?

What makes you feel motivated?

What is your personal and professional visions?

On a scale of 1-5 what is the quality of your life today? (Just BOLD your number in response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

What does success from our work together look like?

Anything else I need to know to work with you