Consultation Request

**All your information will be kept confidential.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (nickname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*you will not be added to a mailing list and receive no information without requesting it)*

Preferred contact method:

\_\_\_\_ email Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred session contact:

\_\_\_\_ Phone \_\_\_\_\_Zoom \_\_\_\_\_ Skype

The information you provide will not be used for research, will not be sold, and EPC Life and Health Services will not request any information from you nor send unsolicited information. You will receive no advertising or spam associated with EPC Life and Health Services.

General Questions:

1. Are you interested in 90 Day Health or 90 Day Lifestyle Program

 \_\_\_\_\_ 90 Day Health \_\_\_\_\_90 Day Lifestyle

2. What is the main reason for seeking a coach at this time?

3. What, if anything, have you done in the past to try to address this issue?

4. What has worked for you?

5. What did you find did not work for you?

6. What are some of your current habits or routines around this issue? Please be as specific as you can.

7. What change would you like to see 30 days from now? 90 days from now? How would you feel if you got this result?

8. What obstacles, challenges and struggles do you come up with regarding your aging process?

9. What do you hope to get out of our time together?

10. What are 5 things you LOVE about your current age?