



## Consultation Form for Alignment Coaching

Name

Date of Birth

Month   Day   Year

Email

example@example.com

Phone Number

Emergency Contact Name:

Emergency Contact Phone

Which coaching program are you enrolling in? (Check one)

- ☐ Radiant Awakening
- ☐ Golden Transformation
- ☐ Divine Embodiment

What are your primary goals for this coaching program?

Have you participated in coaching or similar personal development programs before?

Yes

No

If yes please describe your experience

1 What are the main challenges you are currently facing in your personal or professional life?

2 What areas of your life do you feel most out of alignment with your authentic self e.g. relationships, career, health?

3 How would you describe your current state of mind or energy levels

On a scale of 1-5, how committed are you to making changes and implementing new practices in your life?

1-Not Committed

2- Slightly Committed

3- Moderately Committed

4- Highly Committed

5-Fully Committed

2 What is your ultimate vision for yourself at the end of this program?

3 Are there any specific tools or techniques you are interested in exploring during this program e.g. journaling, meditation, breathwork?

1 Do you have any health conditions or mental health concerns that may impact your ability to fully participate in the coaching program?

If yes please provide details

Are you currently under the care of a healthcare or mental health professional?

Yes

No

If yes please describe

1 Are there any specific topics or areas you would like additional focus on during the program?

2 Is there anything else you would like the coach to know before starting the program?

Agreement and Acknowledgment By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that this program is not a substitute for medical or psychological care and that I am responsible for my own well-being during and after the program.

Name Print

Date

Month   Day   Year