



Welcome to Optimize Coaching! Let's start by getting to know a little more about you.

Name: _____

Address: _____

Email: _____

Phone: _____

Preferred Contact Method: _____ Call Me _____ Text Me _____ Email Me

What do you do for work? _____

What do you do for fun? _____

What's your relationship status? _____

Do you have kids? How many? How old? _____

Any ongoing health concerns you'd like to share? _____



Please rate the following on a scale of 1-10 with 10 being the best

In the Past Month:

- _____ My Sleep Quality
- _____ My Ability to Focus
- _____ My Confidence in Meeting My Goals
- _____ My Nutrition
- _____ My Stress Level
- _____ My Ability to Manage My Stress
- _____ My Ability to Connect with Others

Scale of 1-5, How often are you doing these things? 1 being Never, 5 being Always

In the Past Month:

- _____ I Behave as The Best Version of Myself
- _____ I Exercise for 25 Minutes Daily
- _____ I Meditate Daily
- _____ I Feel Energized
- _____ I Feel Confident
- _____ I Feel Present/Engaged with Work
- _____ I Feel Present/Engaged with Friends
- _____ I Feel Present/Engaged with Family
- _____ I Practice Daily Self-Care
- _____ I Drink Alcohol
- _____ I Drink Caffeine
- _____ I Use Tobacco Products
- _____ I Get Distracted By Technology



Which Optimize Coaching Program are you enrolling in?

_____ 3 Months

_____ 6 Months

_____ 12 Months

Is this your first time having a coach?

_____ Yes

_____ No

What brings you to this program? _____

What are your expectations of the program? _____

What is your ideal outcome of the program? _____

Would you like to include EFT or Thetahealing in your weekly check-in call?

_____ Yes

_____ No

_____ Maybe

_____ What are they?