

COACHING CLIENT DATA FORM

Date: _____

Name: _____

Occupation: _____

Business Name: _____

Home Address: _____ Preferred Address

Business Address: _____ Preferred Address

Day Phone: _____ Evening Phone: _____

Fax Line: _____ Cell Phone: _____

E-mail Address: _____

Okay to leave messages everywhere? If not, explain: _____

Preferred means of communication: _____

Date of Birth: _____ Age: _____

Other Significant Dates: _____

Preferred Coaching Schedule: on (day of week) _____ [or] (time of day) _____

Names of important people in your life (spouse, partner, children, friends, etc.):

Emergency Contact: _____

Other information you want me to know: (You may continue on back of page.) _____

How did you hear about my coaching services? _____

What influenced your decision to work with a coach? _____

Have you ever been coached? If so, please describe the experience? _____

Do you have specific goals for the coaching relationship? If not, what goals might you now create? _____

What are your significant commitments? _____

What would your perfect life look like? _____

What are your dreams? _____

What dreams have you given up on? _____

Where do you want to focus first? _____

What parts of your life are working best now? _____

What parts of life are working least well? _____

What are your values? _____

What stops you from having the life you want to have? _____

