



Client Intake Questionnaire

Please complete the following information and return it back to me so that we can get started.

Date: _____ How did you hear about us? _____

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Age: _____

Marital Status: _____ Children: Yes _____ No _____ How many: _____

Home Address: _____ Suite#: _____

City: _____ State: _____ Postal: _____

Occupation: _____ # of years at job: _____

Name of Business: _____

Home Phone: _____ Cell Phone: _____

Fax Line: _____ Email Address: _____

Preferred means of communication: _____

1. What are your primary short term (90-day) goals that you wish to focus on?

Goal 1 _____ Target Date _____

Goal 2 _____ Target Date _____

Goal 3 _____ Target Date _____

Goal 4 _____ Target Date _____

Goal 5 _____ Target Date _____

Goal 6 _____ Target Date _____

Goal 7 _____ Target Date _____

Goal 8 _____ Target Date _____



2. Describe some of your long-term goals

3. What are your passions in life? (In other words, what activities make you the happiest?)

4. What are the things that motivate you the most? (i.e. deadlines, vacations, values, etc.)

5. What are your personal talents? (The things that you are really great at doing)

6. Are you aware of any barriers or obstacles in your life right now that are preventing you from realizing your goals right now?

7. Is there anything else I should know about you in order for our coaching sessions to provide the greatest amount of value?

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