



## Coaching Client Data Form

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

Occupation: \_\_\_\_\_ Business name: \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

(Please indicate preferred address for snail mail) \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred means of communication: \_\_\_\_\_ OK to leave msg: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Other significant dates: \_\_\_\_\_

Preferred coaching schedule: On (day of week) \_\_\_\_\_ at (time of day) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

\_\_\_\_\_



*What influenced your decision to work with a coach? \_\_\_\_\_*

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

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*What specific goals would you like to address in the first 90 – 120 days of our coaching relationship? \_\_\_\_\_*

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*What are your long-term goals (1-3 years in the future)? \_\_\_\_\_*

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*What are your significant commitments? \_\_\_\_\_*

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*What accomplishment in your life are you most proud of? \_\_\_\_\_*

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*What would your perfect life look like?* \_\_\_\_\_

\_\_\_\_\_

*What are your dreams?* \_\_\_\_\_

\_\_\_\_\_

*What dreams have you given up on?* \_\_\_\_\_

\_\_\_\_\_

*What parts of your life are working best right now?* \_\_\_\_\_

\_\_\_\_\_

*What parts of life are working least well?* \_\_\_\_\_

\_\_\_\_\_

*What stops you from having the life you want to have?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

