

## CLIENT DATA FORM

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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.) \_\_\_\_\_

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\_\_\_\_\_

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

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

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

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

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

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Where do you want to focus first? \_\_\_\_\_

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

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

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What are your values? \_\_\_\_\_

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

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