

# Coaching Intake Form

The questions in this form are designed for you to bring to the surface a description or picture of the current state of your life, your perspective and vision. This is an opportunity to begin framing your future and what you would like to have happen for yourself. This information is helpful for me to understand who you are, and how I can best support you, your goals and what you want to achieve in your life.

## 1. Contact Data & General:

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

## 2. Your Goals:

What are the biggest changes you want to make in your life in the next 3 months?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are the biggest changes you want to make in your life over the next 3 years?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What do you most want to achieve for yourself in your life/career?

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What if anything is missing in order to achieve this?

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What would you say have been your 3 greatest accomplishments to date?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EXPECTATIONS:

What do you expect to achieve in life as a result of hiring me as your life coach?

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### 3. Your History:

What is the hardest thing in your life that you have had to overcome?

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What major transitions have you had in the past two years? (Example: Entering or approaching a different age, a new or different relationship, job role, residence, a change in children's ages/stages, etc.)

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Who are or have been your major role models? Why?

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Have you worked with a coach before or a similar one-on-one adult relationship (e.g. tennis coach, piano teacher, and therapist)?

If so, what worked well for you and what did not work in the relationship(s)?

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## 4. Improvements:

Please list any improvements you would like to make in the following areas:

Family:

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Money / Financial Situation:

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Career / Business life: \_\_\_\_\_

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Service / Personal Character: \_\_\_\_\_

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Relationships: \_\_\_\_\_

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Friends: \_\_\_\_\_

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Living Space / Home: \_\_\_\_\_

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Personal Growth / Learning: \_\_\_\_\_

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Health / Self Care: \_\_\_\_\_

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Creativity: \_\_\_\_\_

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Play / Leisure time: \_\_\_\_\_

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Other areas: \_\_\_\_\_

## 5. Your Life:

Who are the key people in your life and what do they provide for you?

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What is your favorite part of your typical day? Why?

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What is your least favorite part of your typical day? Why?

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Looking at the past six months of your life, do you like the direction your life is moving in? Explain.

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Is your life one of your choosing? If not, which parts are being chosen for you? What is a dream or goal you have given up on?

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What do you think is NOT possible to achieve in your lifetime that you wish you could?

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What part of yourself, if any, have you given up on?

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On a scale of 1 to 10 with 10 high, rate the quality of your life today. \_\_\_\_\_

If you reach the age of 95 and continue to live your life and order your time the way you are right now, what regrets do you think you will have? (Tip: complete the statement "I wish I had...") Do not include things from the past—only things you will regret if you continue your exact present path.

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## 6. Tolerations:

List five things that you're personally tolerating or putting up with in your life at present. (Examples: information you can't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, cranky people in your life etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In a typical week, what do you spend a great amount of time doing?

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What are your primary stressors? (What stresses you out?)

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On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now. \_\_\_\_\_

## 7. Potential and Possibility:

Do you have a personal or professional vision? If so, what is it?

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What would you like to contribute to the world?

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What would you like to give to people?

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What is your definition of success?

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What would be your personal or professional legacy, which you would give to others, when the day's and season's are over, when it's all been said and done?

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## 8. Other Background:

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you spend most of your leisure time doing? \_\_\_\_\_

\_\_\_\_\_

# 9. Supporting you:

What supports you if you get behind on your goals?

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What types of approaches discourage you or take away motivation?

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Here are ways of coaching clients. Which ones appeal to you?

- Brainstorming strategies together
- Support, encouragement and validation
- Insight into who you are and your potential
- Painting a vision of what you can become or accomplish
- Exploring and removing blocks and obstacles to your success
- Accountability; checking up on goals
- Working through self-improvement programs together
- Suggesting or designing action steps

Comments: \_\_\_\_\_

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# Coaching Agreement

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

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

Fee: \_\_\_\_\_

Session Dates:

Session 1 - \_\_\_\_\_

Session 2 - \_\_\_\_\_

Session 3- \_\_\_\_\_

Session 4- \_\_\_\_\_

Session 5 - \_\_\_\_\_

Session 6 - \_\_\_\_\_

Our sessions are conducted over the phone. At your scheduled session time you are to phone me.

The local number is (905) 335 -9168 or toll free 1 -888 – 812 -1181

Missing or rescheduling sessions is strongly discouraged. If an unforeseen event does require you to reschedule, I must be notified 24 hours prior to the scheduled session. Please remember that not completing, or partially completing your assignments is not a reason to reschedule. If assignments are not complete, it is very important that we work together during your scheduled session to strategize, overcome obstacles, and establish next steps.

If notification is not given 24 hours prior to the scheduled session time, the session will be considered missed and thereby forfeited.

Coach Disclaimer of Liability: Client hereby employs as Coach for the purpose of supporting the Client with respect to Client's self-awareness, vision and goals, and strategic plans, has experience in such matters and agrees to render such coaching services. Client understands and agrees that she/he is not an employment agent, financial analyst, psychotherapist or business manager. I have not promised, shall not be obligated to, and will not 1) procure or attempt to procure employment, business or sales for the client 2) act as a therapist, providing psychological counseling, psychoanalysis or behavioral therapy.

I have read and agreed to the Policies and Disclaimer of Liability.

(Client's Signature) (Date) \_\_\_\_\_

(Coach's Signature) (Date) \_\_\_\_\_

Once you have completed this form please fax this completed form back to me at (905) 592 – 9877 or email it to me at [sue@asksuelondon.com](mailto:sue@asksuelondon.com). Any questions, I can be reached at (905) 335 - 9168 or toll free at 1 - 888 – 812 - 1181

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