## Stephanie D Coaching



## **Client Information**

| Birthday:              | <br> | <br> |
|------------------------|------|------|
| Address:               | <br> | <br> |
| Address/Suite/Apt.#    | <br> | <br> |
| City:                  |      |      |
| <i>5</i>               |      |      |
| State/Province:        | <br> | <br> |
| Area/Zip Code:         | <br> | <br> |
| Mobile:                | <br> | <br> |
| Home Phone/Work Phone: | <br> | <br> |
| E-mail:                | <br> | <br> |

## Stephanie D Coaching



## **Client Questionnaire**

As your coach, it is important for me to understand who you are, what you value and how you approach life. I've developed this questionnaire with a variety of "pondering" type inquiries designed to promote exploration about what you really want out of life. Please set aside some time to thoroughly consider these questions and then email your responses to me prior to our initial session. Thanks!

| Name:   |  |  |
|---|--|--|
| What are the biggest obstacles getting in the wa  | ay of your happiness right now?                  |  |
|   |  |  |
| 2. If you could change one thing about yourself twould that be?                           |  |  |
| 3. What goals do you want to focus on in our coar   | ching? (Only choose things that you really want, |  |
| ot what you feel you should do!, things that will change your life in a positive way)     |  |  |
| Goal 1:   | Date:  |  |
| Goal 2:   | Date:  |  |
| Goal 3:   | Date:  |  |
| 4. Are you aware of any behaviors/beliefs that success and having a life you really love? | stand in the way of you achieving professional   |  |
|   |  |  |