

About You

All information is confidential

Full Name:				
Address:				
Home Phone:		Work Phone:		
Cell Phone:		Fax:		
Email:				
Nature of Work/Occupation:			How long:	
Previous work background:				
Education:				
Zadodilo				
Describe your general health and well-bein	ng:			
	T =:	(D) (
Date of Birth:	Place of Birth:			
Parents: (optional)	Sibling	s: (optional)		
		, ,		
Marital Status:	Spous	e/Partner's Name:		
martar Status.	Opous	ch artifer 3 Name.		
Children:	Pets:			



About You (continued) Name: _____

Name 3 to 5 things you think I should know about you?	
What, if anything, is missing in your life, which would make it more fulfilling?	
If time and resources were not a concern, describe how you would live your life.	
What is currently a source of frustration for you?	
What are your personal strengths?	
What is the first thing you'd like to work on in coaching?	
What goals would you like to accomplish in the next 90 days?	



Any additional comments or topics you'd like to expand on, please write here.