

Coaching Intake Form

SECTION 1: PERSONAL INFORMATION

Preferred Name/Nickname: _____ Date of Birth: _____ dd / mm / yyyy

Occupation: _____

Contact Information (Email, Phone, Preferred method of contact):

SECTION 2: BACKGROUND INFORMATION

1. Briefly describe your current life situation and any recent major events or changes.

2. What motivated you to seek out a life coach at this point in your life?

SECTION 3: GOALS AND CHALLENGES

1. Please list and describe three primary goals you hope to achieve through our coaching relationship.

1.

2.

3.

2. What challenges or obstacles are currently standing in the way of you reaching these goals?

SECTION 4: PREVIOUS COACHING/THERAPEUTIC EXPERIENCES

Have you worked with a coach or therapist before? If yes, please share briefly about that experience. What was helpful, and what was less so?

SECTION 5: EXPECTATIONS AND PREFERENCES

1. What are your expectations from this coaching process?

2. What do you expect from me as your coach?

3. What kind of support do you find most helpful (e.g., encouragement, accountability, resources, direct feedback)?

4. What are your preferred days and times for our coaching sessions?

SECTION 6: SELF-ASSESSMENT

1. On a scale of 1-10, how would you rate your current stress level?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1 2 3 4 5 6 7 8 9 10

2. On a scale of 1-10, how would you rate your current level of satisfaction with your life?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1 2 3 4 5 6 7 8 9 10

3. What three words would describe how you feel about your life right now?

SECTION 7: AGREEMENT

By submitting this form, you acknowledge and agree to the following:

- ☐ You understand and agree to the terms of our coaching relationship (to be outlined in detail in the coaching agreement), including fees, scheduling, confidentiality, and cancellation policies.
- ☐ You are committed to the coaching process, including the work outside of our sessions.

☐ You understand that coaching is not therapy, does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

Signature:

Date: _____ dd / mm / yyyy