Life Coach Intake Form

CLIENT INFORMATION

Name: _____ Age: _____

Date of birth: _____ dd / mm / yyyy Gender: _____

Address: _____ Contact information: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Contact information: _____

Address: _____

COACHING GOALS

Short-term goals (3-6 months):

Long-term goals (1 year+):

CURRENT CHALLENGES OR OBSTACLES

What challenges or obstacles are you facing that may prevent you from achieving your goals?

How do these challenges impact your daily life or overall well-being?

PREVIOUS COACHING OR THERAPY EXPERIENCE

Have you worked with a coach or therapist before?

◯ Yes ◯ No

If yes, what was the focus of your previous coaching or therapy?

EXPECTATIONS AND PREFERENCES

What are your expectations from coaching?

How do you prefer to receive coaching?

How often would you like to have coaching sessions?

LIFESTYLE AND WELL-BEING

How would you describe your current lifestyle?

What is your work-life balance like?

How do you manage stress or other challenges in your life?

STRENGTHS AND WEAKNESSES

What are your biggest strengths?

What areas do you feel need improvement?

COMMITMENT AND MOTIVATION

On a scale from 1 to 10, how committed are you to achieving your goals?

1 2 3 4 5 6 7 8 9 10

What motivates you to take action towards your goals?

Are there any potential obstacles or barriers to your commitment to coaching?

ADDITIONAL NOTES

Specify below:

Client signature:

Date: _____ dd / mm / yyyy

COACH'S INFORMATION

Name: _____ License number: _____

Contact details: _____

Signature: