

CLIENT PROFILE

ABOUT YOU

Name: _____ Birth date / Age: _____
Address: _____ E-Mail: _____
Home Phone: _____ Work Phone: _____
Current Occupation: _____ Partner's Name: _____

YOUR PAST / PRESENT HISTORY, INTERESTS & GOALS

(PLEASE CHECK the things that you want to improve in your life or have tried to improve or have improved)

Gain self-esteem
Gain confidence
Change my work / career
Improve my relationships
Create greater health / wellness
Increase my motivation
Have more money
Get paid more
Get out of debt

Decrease feeling stressed
Feel more relaxed
Lose or gain weight
Get my body in shape and be fit
Have the time to do things I want to do
Get more done in less time
Create more success in my life
Want to own a business but need a job
Other: _____

DO YOU CURRENTLY HAVE A COACH?

Yes

No

HAVE YOU EVER WORKED WITH A COACH?

Yes

No

Positive

LIFE DECISIONS

VISION AND GOALS

(Please check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| I want greater career satisfaction | I want to procrastinate less |
| I want better relationships | I want better life / work balance |
| I want to be less fearful | I want to reduce stress |
| I want to do things with more ease | I want greater self esteem |
| I want more confidence | I want greater health / wellness |
| I want to lose or gain weight | I want to live my life mission |
| I want to bring in more money | I want to create more time |
| I want to be fit | I want more energy |
| I want to think more positively | |

DO YOU HAVE A LIFE PARTNER?

Yes

No

CURRENT REALITY

- | | | | |
|-----|--|-----|----|
| 1. | Are you at the weight you want to be? | Yes | No |
| 2. | Do you have the employment you want? | Yes | No |
| 3. | Are you doing the activities you want? | Yes | No |
| 4. | Do you have the relationships you want? | Yes | No |
| 5. | Do you have the money you want? | Yes | No |
| 6. | Are you in a relationship that nurtures you? | Yes | No |
| 7. | Do you have children? | Yes | No |
| 8. | Are you spiritually where you want? | Yes | No |
| 9. | Are you growing and learning at a pace you enjoy? | Yes | No |
| 10. | Are you comfortable with your community? | Yes | No |
| 11. | Do you have the health and wellness you want? | Yes | No |
| 12. | Do you have hobbies and interests you enjoy and plenty of time for them? | Yes | No |
| 13. | Do you have the family relationships you desire? | Yes | No |
| 14. | Do you have fulfilling friendships? | Yes | No |

Positive

LIFE DECISIONS

PATTERN BREAKER™

1.	Do you work too much?	Yes	No
2.	Do you work at a job you don't like?	Yes	No
3.	Do you have the money you want / need?	Yes	No
4.	Are you missing key relationships?	Yes	No
5.	Do you feel stressed / worried?	Yes	No
6.	Are you focused?	Yes	No
7.	Are you missing balance?	Yes	No
8.	Do you have time for hobbies?	Yes	No
9.	Are you focused on problems / challenges?	Yes	No
10.	Are you a procrastinator?	Yes	No
11.	Does it seem you never get what you want?	Yes	No
12.	Are you living your mission?	Yes	No

SIX MONTH GOALS

(Check those things you DO want in six months)

Career satisfaction
 Create more time
 Better relationships
 Life / work balance
 Procrastinate Less
 More energy
 Reduce stress
 Less fearful

Self esteem
 Health / wellness
 Do things with more ease / effortlessnes
 Confidence
 Lose weight
 Live life mission
 Bring in more money
 Other _____

Date: _____