

Life Coach Intake Form

Client information	
Name:	Age:
Date of birth:	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? (In-person, Virtual, Phone, etc.)

How often would you like to have coaching sessions?

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 = not committed, 10 = fully committed)

1	2	3	4	5	6	7	8	9	10
Not committed									Fully committed

What motivates you to take action towards your goals?

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

Additional notes

Client signature:

Date:

Coach's information

Name:

License number:

Contact details:

Signature: