

# 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: