

One-on-One Coaching

Client Information

Name: _____ Age: _____

Birthdate: _____ Contact number: _____

Sex: _____ Email: _____

Occupation: _____

Session Overview

Session Number: _____

Last Session Date: _____

Coaching Duration: _____

Coaching Set-up:

Onsite

Virtual

Others: _____

Current Focus: _____

Coaching Agenda:

1. Review of Previous Goals

2. Current Challenges

3. Goal Setting for the Session

4. Discussion Topics

Action Plan

Action Steps	Timeline	Responsibility

Name of Healthcare/Wellness Provider: _____

Signature of Healthcare/Wellness Provider: _____

Date: _____