

# One-on-One Coaching

<b>Client information</b>	
<b>Name:</b>	<b>Age:</b>
<b>Birthdate:</b>	<b>Contact number:</b>
<b>Sex:</b>	<b>Email:</b>
<b>Occupation:</b>	
<b>Session overview</b>	
<b>Session number:</b>	
<b>Last session date:</b>	<b>Coaching duration:</b>
<b>Coaching set-up:</b> Onsite                      Virtual                      Others:	
<b>Current focus:</b>	
<b>Coaching agenda</b>	
<b>1. Review of previous goals</b>	<b>2. Current challenges</b>
<b>3. Goal setting for the session</b>	<b>4. Discussion topics</b>

Action plan		
Action steps	Timeline	Responsibility
Healthcare/wellness provider information		
Name:		
Signature:		
Date:		