



# Life Esteem

*Life Esteem Living – The Path to Health & Happiness*

## Transformational Coaching

**Welcome! Please fill out this questionnaire as completely and legibly as possible. This form is confidential and for coaching purposes only. It will help me to better help you!**

### PERSONAL INFORMATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### SOCIAL INFORMATION

Relationship status: \_\_\_\_\_

Where do you currently live? \_\_\_\_\_

Children/Grandchildren: \_\_\_\_\_ Pets: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Is your job/business stressful? \_\_\_\_\_

### HEALTH INFORMATION

Are you presently under a doctor's care? [ ] Yes [ ] No

If yes, please describe? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ (We do not contact your doctor as a standard practice)

Are you currently taking prescription medication? [ ] Yes [ ] No

If yes, please describe? \_\_\_\_\_

Are you now or have you ever been treated by a mental health professional? [ ] Yes [ ] No

If yes, please describe? \_\_\_\_\_



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Please check any of the following health conditions that apply:

Allergies / Asthma

Pain Location: \_\_\_\_\_

Seizures or Epilepsy

Schizophrenia / Hallucinations / Delusions

Depression

Bi-Polar Disorder

Other Diagnosed Physical or Mental Condition: \_\_\_\_\_

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*Please answer the following questions honestly and briefly, but thoroughly.*

*Take your time. This form is confidential.*

### **REGARDING COACHING**

1. What is your primary reason(s) for coaching?
2. What benefits will you gain once your desired objective(s) is reached?
3. What are you expecting to happen by using a coach?
4. What is the most empowering and helpful thing I can do for you during our sessions?
5. How will you know that your coaching was successful?

### **ABOUT YOU**

6. Please list 3 things you like best about you.
  - 1.
  - 2.
  - 3.
7. What are you most passionate about?



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### **ABOUT YOU** *(continues)*

8. What do you like most about your life now?
9. What do you like least about your life right now?
10. Where do you want your life to be one year from now?
11. In what area(s) would you like to grow and experience positive change within yourself?
12. What one thing could you do in your personal and/or professional life that, if you did on a regular basis, would make a tremendous difference in your life?
13. Would those who know you best say that you are more outspoken or more reserved? On a scale from 1 to 10 with 1 being very reserved and 10 being very outspoken, which number are you? **(Circle Your Choice)**
- (Very Reserved) 1 2 3 4 5 6 7 8 9 10 (Very Outspoken)**
14. Would those who know you best say that you are more emotional or more logical? On a scale from 1 to 10 with 1 being very emotional and 10 being very logical, which number are you? **(Circle Your Choice)**
- (Very Emotional) 1 2 3 4 5 6 7 8 9 10 (Very Logical)**
15. On a scale between 1 (lowest) and 10 (highest), where would you currently rate your self-esteem? **(Circle Your Choice)**

**1 2 3 4 5 6 7 8 9 10**



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### ABOUT YOUR BLOCKS

16. What do you believe is holding you back or blocking you?
  
17. What benefits do you gain by NOT reaching your objective(s)?
  
18. What fears do you have concerning moving forward with your objective(s)?
  
19. What is the most critical thing(s) you say to yourself?

### ADDITIONAL INFORMATION & COMMENTS

Have you ever used coaching before? [ ] Yes [ ] No

If Yes, how long ago? \_\_\_\_\_

What did you like MOST about your previous coaching?

What did you like LEAST about your previous coaching?

### ADDITIONAL COMMENTS

Anything else you would like to share?

Email your completed form to: [Cathy.chargualaf@ca.rr.com](mailto:Cathy.chargualaf@ca.rr.com) prior to your scheduled session.