

Client Inventory

Date

Name

Home Address

Business Address

Home Number

Business Number

Email

Birthday

Key people in your life names/ and their relationship to you:

- .
- .
- .
- .

(1) What results do you want to achieve from the coaching?

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(2) When you attain those results, how will you feel, or how will your life be different?

(3) Coach's Role (What do you expect/desire from me?):

(4) Life Principles (What principles guide your life/decisions/choices?):

- .
- .
- .
- .
- .

(5) Highest Values (Examples: Integrity, Learning, Freedom):

- .
- .
- .
- .
- .

(6) List at least five (5) of your personal strengths, or assets:

- .
- .
- .
- .
- .

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(7) List at least five (5) of your time wasters, excuses, etc.:

- .
- .
- .
- .
- .

(8) List at least five (5) incompletions (Doable items you want to complete in order to experience a sense of "freedom," e.g., clean a closet, balance checkbook, communicate with someone, etc. Sometimes because they are incomplete, they are an energy drain.) Be specific:

- .
- .
- .
- .
- .

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(9) List at least ten (10) short and/or long term goals (specific, measurable, dated); consider physical, emotional, mental, spiritual, career, relationships):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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(10) List at least 10 of your quality of life commitments (e.g.: Always make my bed; Get to the ocean at least 3 times per year; connect with mother weekly.)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

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(11) List ten (10) routine HABITS: (Indicate: (C) Current, or (D) Desired)

1.

2.

3.

4.

5.

6.

7.

8.

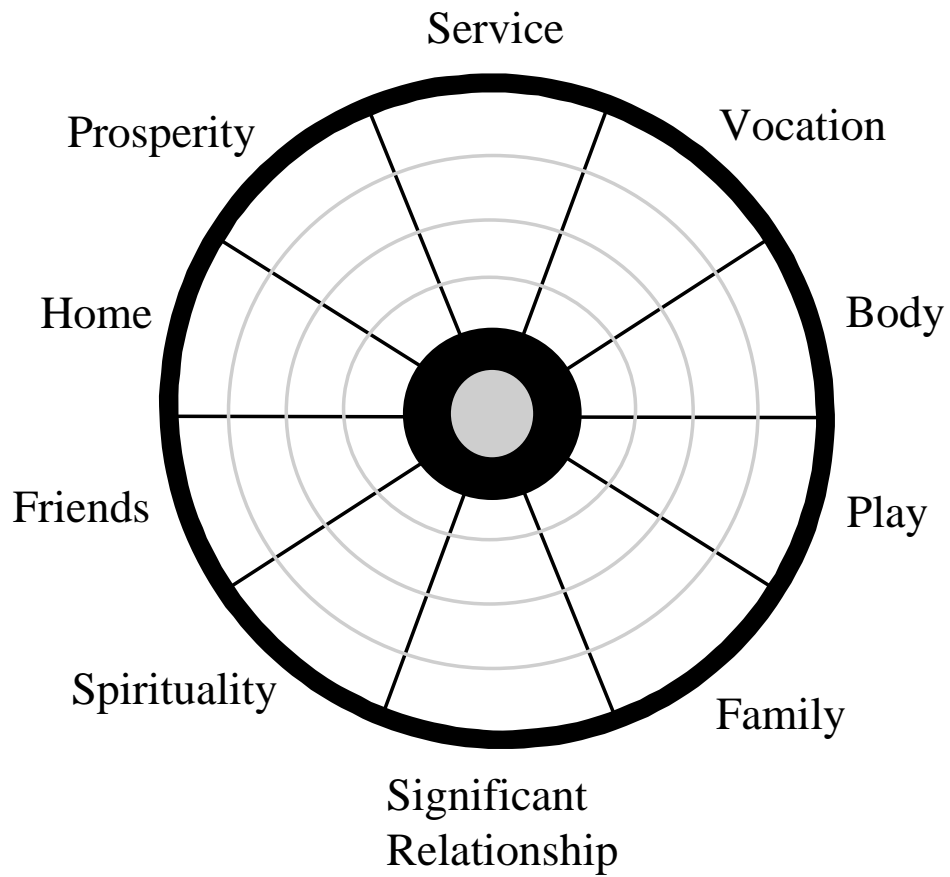
9.

10.

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(12) (We will complete this one together):

Wheel of Life



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(13) Describe how you want your life to be in five (5) years:

(14) This space is for you to address anything else you may wish to express: