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Life Coaching-Client Information Form

Date _____

Name _____

Occupation _____

Preferred Address _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Other _____

E-mail Address: _____

Okay to leave messages everywhere? If not, explain: _____

Preferred means of communication _____

Date of Birth _____ Age _____

Other Significant Dates _____

Preferred Coaching Schedule on (day of week; time of day) _____

Names of important people in your life (spouse, partner, children, friends, etc.) _____

Emergency
Contact

Other information you want me
to know: (You may continue on
back of page.)

How did you hear about my coaching services? _____

What influenced your decision to work with a coach? _____

Have you ever been coached? If so, please describe the experience. _____

Do you have specific goals for the coaching relationship? If not, what goals might
you now create? _____

What are your significant commitments? _____

What would your perfect life look like? _____

What are your dreams? _____

What dreams have you given up on? _____

Where do you want to focus first? _____

What parts of your life are working best now? _____

What parts of life are working least well? _____

What are your values? _____

What stops you from having the life you want to have? _____