

## CLIENT PROFILE

### ABOUT YOU

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Name: \_\_\_\_\_ Birth date / Age: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Current Occupation: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

### YOUR PAST / PRESENT HISTORY, INTERESTS & GOALS

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(PLEASE CHECK the things that you want to improve in your life or have tried to improve or have improved)

- |   |  |
|---|--|
| <input type="checkbox"/> Gain self-esteem                 | <input type="checkbox"/> Decrease feeling stressed               |
| <input type="checkbox"/> Gain confidence                  | <input type="checkbox"/> Feel more relaxed                       |
| <input type="checkbox"/> Change my work / career          | <input type="checkbox"/> Lose or gain weight                     |
| <input type="checkbox"/> Improve my relationships         | <input type="checkbox"/> Get my body in shape and be fit         |
| <input type="checkbox"/> Create greater health / wellness | <input type="checkbox"/> Have the time to do things I want to do |
| <input type="checkbox"/> Increase my motivation           | <input type="checkbox"/> Get more done in less time              |
| <input type="checkbox"/> Have more money                  | <input type="checkbox"/> Create more success in my life          |
| <input type="checkbox"/> Get paid more                    | <input type="checkbox"/> Want to own a business but need a job   |
| <input type="checkbox"/> Get out of debt                  | <input type="checkbox"/> Other: _____                            |

### DO YOU CURRENTLY HAVE A COACH?

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- Yes  No

### HAVE YOU EVER WORKED WITH A COACH?

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- Yes  No

# Positive

LIFE DECISIONS

## VISION AND GOALS

(Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I want greater career satisfaction | <input type="checkbox"/> I want to procrastinate less      |
| <input type="checkbox"/> I want better relationships        | <input type="checkbox"/> I want better life / work balance |
| <input type="checkbox"/> I want to be less fearful          | <input type="checkbox"/> I want to reduce stress           |
| <input type="checkbox"/> I want to do things with more ease | <input type="checkbox"/> I want greater self esteem        |
| <input type="checkbox"/> I want more confidence             | <input type="checkbox"/> I want greater health / wellness  |
| <input type="checkbox"/> I want to lose or gain weight      | <input type="checkbox"/> I want to live my life mission    |
| <input type="checkbox"/> I want to bring in more money      | <input type="checkbox"/> I want to create more time        |
| <input type="checkbox"/> I want to be fit                   | <input type="checkbox"/> I want more energy                |
| <input type="checkbox"/> I want to think more positively    |  |

## DO YOU HAVE A LIFE PARTNER?

- Yes  No

## CURRENT REALITY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are you at the weight you want to be?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you have the employment you want?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you doing the activities you want?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have the relationships you want?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have the money you want?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you in a relationship that nurtures you?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have children?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you spiritually where you want?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you growing and learning at a pace you enjoy?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you comfortable with your community?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you have the health and wellness you want?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you have hobbies and interests you enjoy and plenty of time for them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you have the family relationships you desire?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Do you have fulfilling friendships?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# Positive

LIFE DECISIONS

## PATTERN BREAKER™

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- |     |   |                          |     |                          |    |
|-----|---|--------------------------|-----|--------------------------|----|
| 1.  | Do you work too much?                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2.  | Do you work at a job you don't like?      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3.  | Do you have the money you want / need?    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.  | Are you missing key relationships?        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5.  | Do you feel stressed / worried?           | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6.  | Are you focused?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7.  | Are you missing balance?                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.  | Do you have time for hobbies?             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9.  | Are you focused on problems / challenges? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. | Are you a procrastinator?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. | Does it seem you never get what you want? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. | Are you living your mission?              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## SIX MONTH GOALS

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(Check those things you DO want in six months)

- |                          |                      |                          |  |
|--------------------------|----------------------|--------------------------|--|
| <input type="checkbox"/> | Career satisfaction  | <input type="checkbox"/> | Self esteem                              |
| <input type="checkbox"/> | Create more time     | <input type="checkbox"/> | Health / wellness                        |
| <input type="checkbox"/> | Better relationships | <input type="checkbox"/> | Do things with more ease / effortlessnes |
| <input type="checkbox"/> | Life / work balance  | <input type="checkbox"/> | Confidence                               |
| <input type="checkbox"/> | Procrastinate Less   | <input type="checkbox"/> | Lose weight                              |
| <input type="checkbox"/> | More energy          | <input type="checkbox"/> | Live life mission                        |
| <input type="checkbox"/> | Reduce stress        | <input type="checkbox"/> | Bring in more money                      |
| <input type="checkbox"/> | Less fearful         | <input type="checkbox"/> | Other _____                              |

Please sign and date this form:

Signature: \_\_\_\_\_

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