

# CHURCH SCATTERED

## Client Data Form

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

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

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Okay to leave messages everywhere? \_\_\_\_\_ If not, explain: \_\_\_\_\_

Preferred means of communication: \_\_\_\_\_

Names of important people in your life (spouse, children, family, friends, etc.): \_\_\_\_\_

\_\_\_\_\_

What role does faith play in your life? \_\_\_\_\_

\_\_\_\_\_

In what ways would you like for your life to be different one year from now and be specific? \_\_\_\_\_

\_\_\_\_\_

What's getting in the way of you reaching these goals? \_\_\_\_\_

\_\_\_\_\_

Have you ever been coached? If so, please describe the experience? \_\_\_\_\_

\_\_\_\_\_

Do you have specific goals for the coaching relationship? \_\_\_\_\_

\_\_\_\_\_

What are your personal and professional significant commitments? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_