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BRIDGE OF LIFE COACHING & COUNSELING SERVICES

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Client Profile

Welcome! I am delighted to begin working with you. I have prepared the enclosed materials to assist you in getting the most from our working relationship. Please take time to complete this series of forms and return a copy to me before our first session.

Date: _____

I. Contact Information

Name: _____

Address: _____

City, State, Zip, _____

Cell: _____ **Home Phone:** _____

Office Phone: _____

Email: _____

www. _____

Blog: _____

II. Personal Information

Your Birthday: _____

Anniversary Date: _____

Spouse (Partner) Name: _____

Spouse (Partner) Birthday: _____

Children: _____

Pets: _____

Education: _____ University(s) attended _____

Previous Occupations: _____

Current Occupation: _____

Company: _____

Your Position: _____

Is it your own business? _____

III. General Information

Health: _____

Any Sleep Difficulties? If so please describe: _____

Diagnosed with ADD? _____ When? _____ Are you taking medication for ADD? _____ if yes what kind _____

Current or Previous Challenges with Depression? Anxiety?

Current or Previous Challenges with Alcohol or Drugs?

Any Family History of Depression, Anxiety, Alcohol or Drugs?

Are you on any Medications you have not mentioned?

What is the overall quality of your relationship with family and friends?

Are You Often On Time or Often Late?

Are You Impulsive? _____ When?

Have You Ever Been in Psychotherapy? _____ If so when and for how long?

What kind of Psychotherapy was it? _____

Have you ever had a Life Coach? _____ If so when and for how long _____

How Do You Like to Learn? (Visual, tactile, auditory, verbal, kinesthetic, cerebral)_____

Describe Your Workspace:

Describe Your To-Do List or Number of Projects in Process:

Favorite Color: _____ Favorite Flower: _____

Favorite Fragrance: _____ Favorite Candy: _____

Favorite Restaurant or Type of Cuisine:

Favorite Cartoon Character: _____

Favorite TV Character: _____

Favorite Film: _____

Favorite Type of Music/Artist: _____

Favorite Place or Location: _____

Favorite Charity: _____

Hobbies/Sports You Enjoy/ Play: _____

Do You Have a Power Animal/Spirit Guide: _____

What Do You Do for Fun: _____

Do You Like to Read? _____ If so, What? _____

What is the Most Thoughtful and/or Appreciated Gift you've Ever Received?

How Do You Treat Yourself Special: _____

What Sort of Stores Do You Enjoy Getting Gift Certificates To:

What Do You Enjoy Collecting: _____

What is Your Idea of the Perfect Mini-Vacation: _____

[More Information about You](#)

1) Who Do You Most Admire and Why?

2) What Are You Most Pleased and Proud of Having Accomplished and Why?

3) What Are Your Personal and Professional Strengths?

4) What Is Your Passion in Life? What Makes You Happiest/Most Fulfilled?

5) What Do You Want for Yourself, Others, and for Life? What Is Truly Most Important to You?

6) What Do You Want Professionally? Why Do You Do What You Do? What Do You Offer That Is Unique and/or Excites You?

7) What Is Your Legacy? What Do You Want to Leave for Others After You're Gone?

8) What Motivates You?

9) Make a List of 10 Things That Make You Smile

10) What Are You Putting Up With that is holding You Back? (habits, beliefs that no longer serve you, recurring problems, unhealthy relationships)

11) List 10 Things You Are *Now Willing* to Do or Change

12) Where and When are You Most Irresponsible?

13) How Have You Sabotaged Yourself in the Past, and How Might You Sabotage Our Coaching/Counseling Relationship?

14) What Are Your Personal Life Goals?

15) What Are Your Professional/Business Goals?

16) What Is Your Life Purpose or Mission?

17) What Goals Do You Have for This Coaching/Counseling Relationship?

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