

**PEGGY L. FERGUSON, PH.D.
 TRANSFORMATIONALENDEAVORS.ONLINE
 TOWN CENTER, 116 W. 7TH, SUITE 213
 STILLWATER, OK 74074**

NEW CLIENT INFORMATION

Client Name	
Cell Phone Number	
Address	
Address	
State, Zip	
Date of Birth	
Marital Status	

EMERGENCY CONTACT INFORMATION

Name of emergency contact #1	
Relationship	
Phone number(s)	
Name of emergency contact #2	
Relationship	
Phone number(s)	

BRIEF CLIENT BACKGROUND

How is your current physical health?

Do you have any past or present mental health diagnoses?

Do you have any past or present substance use issues?

Are you currently working with a counselor, therapist, psychologist, or psychiatrist?

Are you taking any medication? If so, list them.

Do you have any medication allergies? If so, list them.

QUESTIONS FOR CONSIDERATION

What do you consider to be your strengths?

What influenced your decision to start working with a life coach?

Have you ever worked with a Life Coach before? If so, describe your experience.

What part of your life is working well?

What part of your life could be working better?

What do you want to focus on first in your work with me?

What kinds of obstacles have kept you from achieving some of your goals in the past?

What are your life values? What is most important to you?

How do you define success?

If you knew you wouldn't fail, what would you love to do?

TOP THREE GOALS FOR COACHING

#1 GOAL

This goal is important to me because:

Some things that could get in the way of achieving this goal are:

#2 GOAL

This goal is important to me because:

Some things that could get in the way of achieving this goal are:

#3 GOAL

This goal is important to me because:

Some things that could get in the way of achieving this goal are:

ANY OTHER INFORMATION YOU WANT ME TO KNOW

**PLEASE MAKE A COPY OF YOUR DRIVER'S LICENSE OR
OTHER PHOTO ID**