



Christine Crosby Taylor

MA, CWC, PN1, Masters in Psychological Counseling,
Certified Wellness Coach, Precision Nutrition1 Certified
720-522-2694

CLIENT DATA FORM

Name: _____

Occupation: _____

Business Name: _____

Home Address: _____

Home Phone _____

Cell Phone: _____

E-mail Address: _____

Okay to leave messages everywhere? _____ YES

If not, explain: _____

Preferred means of communication:

Phone

E-mail

Text

Date of Birth: _____ Age: _____

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

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

Emergency Contact (Name, Relationship and Number)



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CLIENT DATA PREP

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?
