

LB Simmons Coaching

Personal Info + Questionnaire

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Personal and Professional Life Coaching

Client Information

Full Name:

Name you like to be called:

Age + Date of Birth:

Email Address:

Mailing Address:

Phone Numbers:

Spouse/Significant Other's Name:

Name(s) and Age(s) of Child(ren):

Occupation:

Employer Name:

Number of Years at place of Employment:

Life Assessment + Coaching Goals

1. In each of the following areas of life, rate yourself from 1 to 10 in terms of your overall satisfaction and/or need for improvement. (1=Dissatisfied/Needs Significant Improvement; 10=Fully Satisfied/No Work Necessary).

Feel free to add comments where necessary.

Health	___	_____
Career	___	_____
Finances	___	_____
Family	___	_____
Spirituality	___	_____

Fun _____
Relationships__ _____
Fulfillment _____
Other _____

2. What is something you would like to achieve in the next six months that would make the biggest difference in your life?

3. How will your life feel and what will it look like when you get there?

4. What is currently holding you back from achieving this?

5. What else would you like me to know about you?