

Client Data Sheet



Date Prepared:

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email:

Birth Date (Mo/Day):

Spouse/Partners Name:

Spouse/Partners Birth Date:

No. of Children: [Boys Girls]

Anniversary Date:

Please complete as much of the following as possible. **If you are unsure of any of these answers, don't worry as we will work on these things together anyway.**

VISION: "Our Guiding Star"

What is your vision? more succinct you are able to make this, the better. Please leave out specific goals (e.g. lose 10 lbs in 8 weeks or increase revenues by 10% in three months). If this is not now clear for you, leave this blank for now.

CURRENT CHALLENGES

What are you facing right now that needs immediate focus or resolution?

STRENGTHS

What are the personal and professional qualities that you have that help you win?

BLOCKS AND WEAKNESSES

What is it about you that stops you or makes it difficult for you to meet or exceed goals?

VALUES

Your values are the qualities of life that you find most attractive. They are expressions of your Self and allow you to feel truly fulfilled. What do you feel are your true values? If this is not now clear for you, leave this blank for now.

- 1.
- 2.
- 3.
- 4.

10 GOALS

Name 10 goals you would like to achieve in the next 90 days

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.