**Coaching Intake Form Template**

**Basic Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coaching Expectations
What are you hoping to achieve from coaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
What areas of your personal or professional life would you like to focus on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Have you worked with a coach before? Yes [ ] No [ ]
If yes, what was the experience like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scheduling Preferences
Preferred Coaching Times (Check all that apply):
[ ] Weekday Mornings
[ ] Weekday Evenings
[ ] Weekends**

**Preferred Method of Coaching:
[ ] In-person
[ ] Virtual (Video/Phone)**

**Other Details
Are there any obstacles or limitations you foresee in your coaching journey? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**