**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**