

Client Information Form for *Goddess Way Life Coaching* with **Stephanie Ellis**

<i>Name:</i>	<i>Today's Date:</i>
<i>Email:</i>	<i>Phone:</i>
<i>Street Address:</i>	<i>State/Zip:</i>
<i>Date of Birth</i>	<i>Relationship Status:</i>
<i>Names of important people and pets in your life (partner, kids [with ages], parents, siblings, etc.):</i>	
<i>Please answer below to the best of your ability...</i>	
<i>Why are you choosing to work with a coach? How can I be most helpful to you?</i>	
<i>Have you ever worked with a coach before? If yes, please describe the experience:</i>	

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What three goals would you like to accomplish within the next three months?

1.

2.

3.

What's one major goal you'd like to accomplish within the next twelve months?

How is your health?

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What are the problems or challenges you're facing now?

What do you value most in your relationships?

Do you use the Rituals for Living Dreambook? ☐ yes ☐ no If yes, for how long?

What are your core values (if you know them)?

What are your top five gifts/strengths (if you know them)?

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What is your life purpose (if you know it) and what does living your life purpose look like to you?

If you're not sure of your life purpose, what needs in the world are you moved to meet?

How well do your current roles fit or not fit with your purpose and natural strengths?

Tell me about your vision for your future:

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How do you most want to feel?

Do you feel confident in your ability to create whatever you want in your life?

How is the quality of your sleep, and how many hours do you usually get?

How do you feel about your body?

How would you rate your energy (without caffeine) on a 0 to 10 scale, where 0 means totally exhausted and 10 is full of energy?

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What major changes have taken place in your life in the last year?

What do you consider your role to be in your local community? In your country? In the world?

What do you enjoy doing in your free time?

Do you exercise regularly? [] yes [] no What do you do to move your body?

What do you believe in?

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What do you do when you're really up against an obstacle or barrier?

What has been your greatest challenge?

Rate your self-trust in these areas on a 1-10 scale

(Total lack of trust [1] ↔ [10] Complete trust)

COMMUNICATION: How much do you trust yourself to tell the truth, say what needs to be said for healthy relationships, speak kindly, & express yourself authentically?

DEPENDABILITY: How much do you trust yourself to show up for friends and family, and support them when they need it?

TIME MANAGEMENT: How much do you trust yourself to be on time, to stick to your schedule & to plan appropriately?

FOLLOW THROUGH: How much do you trust yourself to follow through on your projects, in the time frame intended, to completion?

FOCUS: How much do you trust yourself to stay focused on what you have chosen to work on & avoid indulging in distraction?

MONEY: How much do you trust yourself to stay conscious of what you have, to maintain a positive attitude around money & to avoid taking on unnecessary debt?

HEALTH MAINTENANCE: How much do you trust yourself to treat your body & soul well, to get the care you need & be kind to yourself?

NUTRITION: How much do you trust yourself to make good food choices, to eat in a healthy manner & stick with your agreements around eating?

WORK PERFORMANCE: How much do you trust yourself to honor the work you do, to do your best & to show up enthusiastically?

VALUES: How much do you trust yourself to live by your core values?

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On a scale from 1-10 [1= not at all / 10 = completely] how much do you think fear runs your life?

If there were nothing holding you back, what would you do with your life?

How do you feel about your connection to nature?

Any additional questions or comments:

Please know that everything you share on this form and throughout our work together will be kept strictly confidential.

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