Client Cover Sheet

CLIENT INFO:

Client Name: _____ Paid Client ____ Pro-Bono Client ____

Relationship Status: _____

(Ex) Spouse's Name: _____

Child's Name: _____ Age: ____

Child's Name: _____ Age: ____

Child's Name: _____ Age: ____

COACHING SESSIONS:

# of sessions purchased: _____ Start Date: _____ End Date: _____

	Date:	*Length:*		*Date:*	*Length:*
1.	_____	_____	7.	_____	_____
2.	_____	_____	8.	_____	_____
3.	_____	_____	9.	_____	_____
4.	_____	_____	10.	_____	_____
5.	_____	_____	11.	_____	_____
6.	_____	_____	12.	_____	_____

Total Coaching Hours for Client:

CLIENT GOALS & VALUES:

- Most important coaching goal (from New Client Questionnaire):

  _____

- Overall changes they want to make in their life (from New Client Questionnaire):

  _____

  _____

  _____

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- Core Values: _____

_____

_____

Important Dates:

_____

_____

_____

CLIENT'S GAILS:

Gremlins:

Assumptions:

Interpretations:

Limiting Beliefs:

CONTINUOUS CHALLENGES FOR CLIENT:

-
-
-
-
-
-

OVERALL BIG BREAKTHROUGHS/WHAT'S WORKING:

-
-
-
-
-

CLIENT'S TOP GOAL ACHIEVED: Yes ___ No ___ Session # _____

- If no, explain why not.

_____

_____

_____

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