

# Achieve Life Coaching

## Christian Life Coaching

Susan Brackley

*(professional certified life-coach)*

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Intake Information Please complete this entire form and email to [achievelifecoaching101@gmail.com](mailto:achievelifecoaching101@gmail.com)

Today's Date \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary # \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status  Single  Married (\_\_\_\_years)  Divorced  Cohabitation  Widowed

Circle – First Marriage Second Marriage Third Marriage Fourth Marriage Fifth Marriage

Ethnic Group  White  Hispanic  Asian  Black  Indian  Other \_\_\_\_\_

### Children

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_ (list more on back)

Emergency Contact Person \_\_\_\_\_

(Last) (First) (Relation to you)

**Questions:** 1. What are the primary issues that you want to address in coaching?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. Are you presently using medications prescribed for mental/emotional issues? Yes / No (Please explain)

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3. Have you been to a doctor, therapist, life-coach, counselor, or any other person about what you are coming for Susan Brackley's Life Coaching for? Yes / No

If yes, please explain how they helped or did not help you.

**Personal information:**

1. List five of your strengths (things you are good at) –

- a.
- b.
- c.
- d.
- e.

2. List five of your weaknesses (things that you are not good at) –

- a.
- b.
- c.
- d.
- e.

3. What is your ultimate goal in life right now? (please explain)

4. What is in the way of your reaching this ultimate goal? (be specific)

5. Which are most important to you as far as wanting to improve right now [goal setting] (#1 being most important)

\_\_\_\_\_ Finances (budgeting, saving, investing, freedom from debt, other \_\_\_\_\_)

- \_\_\_\_\_ Relationships (marriage, children, parents, friends, work associates, other \_\_\_\_\_)
- \_\_\_\_\_ Career (explain \_\_\_\_\_)
- \_\_\_\_\_ Spiritual life (explain \_\_\_\_\_)
- \_\_\_\_\_ Time management (scheduling, prioritizing, home, work, sleep, other \_\_\_\_\_)
- \_\_\_\_\_ Self-discipline (house, weight, schedule, priorities, habit, addiction, speech, other \_\_\_\_\_)
- \_\_\_\_\_ Personality (friendly, hospitable, patience, truthful, tactful, jealousy, fear, anxiety, other \_\_\_\_\_)
- \_\_\_\_\_ Going forward leaving the past behind
- \_\_\_\_\_ Addictions (smoking, technology, alcohol, gossip, gambling, drugs, sexual, gaming, other \_\_\_\_\_)
- \_\_\_\_\_ Personal appearance (hygiene, weight, clothing, deportment, other \_\_\_\_\_)
- \_\_\_\_\_ Other (specify \_\_\_\_\_)

6. What are some things that may be important for the life-coach to know about you, your life (past, present, and future goals). The more specific the better. If you need more room include another page.

7.) Is there anything that you do NOT want help with that we should avoid? 8.) If there is anything else that would you feel is important to express, please do. Please send completed form to [achievelifecoaching101@gmail.com](mailto:achievelifecoaching101@gmail.com) once this form is received and reviewed, we will set up your first coaching session.

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