

Wellness Coaching

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Application

Thank you for filling out this application. Please drop off or mail to me **(at least 3 days prior)** to your InnerView. For best use of our time, please be as clear and specific as possible. You may revise your answers before, during or after the InnerView. Thank you for writing legibly in ink.

Name_____	Occupation_____
Address_____	Date of Birth_____Sex M ___F___
City_____State_____	Prim. phone_____
Country_____Zip_____	Sec.phone(s)_____
email_____	Referred by_____
Emerg. contact: _____	Phone_____

What issues or goals would you like to address with your coach? Be specific and brief.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Write a paragraph or two about the life you dream of living.

Do you use any other resources? (eg. therapy, art, exercise, religion, reading, music, meditation, imagery, rewards, etc.)

What kinds of support do you prefer or respond well to? (eg. praise, truthfulness, empathy, encouragement, humor, inquiry, directness, active listening, etc.)

What do you perceive as the main obstacles to achieving your goals? (eg. emotional, physical, psychological, spiritual)

Describe any significant illnesses, events or traumas in your life:

Is there anyone you know who would not want you to reach your goals?

Do you have any questions?

The primary coaching method I prefer is : (Check all that apply)

TeleCoaching_____ In Person Coaching_____ E-Coaching_____ Group Coaching_____

Preferred days: M_____ Tu_____ W_____ Th_____ F_____

Preferred times: a) 8am-12_____ b) 12-3pm_____ c) 3-6pm_____ d) other times: _____

1stph# _____ 2ndph# _____ Cell ph# _____

I want to receive coaching:

1 x _____ 2 x _____ 3 x _____ a week

30 min _____ 45 min _____ 60 min _____ sessions _____ x _____ = \$ _____

- Coaching fee is \$90 hour
- InnerView (60 -75 min session) = \$ 100
- OuterView (60 -75 min session) = \$100

First month of coaching = \$ _____ Paid prior to InnerView _____

