



Name _____

Address _____

Home Phone _____ Can I leave a message: YES NO Preference_____

Cell Phone _____ Can I leave a message: YES NO Preference_____

Work Phone _____ Can I leave a message: YES NO Preference_____

Email _____

DOB _____

Presenting issue seeking guidance _____

What is your current support system? _____

How do you cope with stress? _____

How many hours of sleep so you get each evening? _____

Do you exercise? (If so please list type of activity and duration) _____

What are 3 to 5 goals you want to set for yourself for the next 90days? _____

What are the most important goals for the next year? Date: _____

What are your most important goals for the next 5-10 years? _____

Try to sketch out the outlines of the life you would like. Think Big! What would it be like
Personally? Professionally? Socially? Physically? Spiritually? _____



GETTING
UNSTUCK