

WELCOME Packet

Wellness Coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laying the Foundation for Coaching**

As your coach, it’s important for me to understand how you view the world, yourself, and your job or career. Each person is unique and understanding you will help me support and assist you.

Answering these questions clearly and thoughtfully, will serve both you and me. You may find that they help you clarify perceptions about yourself and the direction of your life. These are “pondering” type questions, designed to stimulate your thinking in a way that will make our work together more productive. Take your time answering them. If they are not complete by our first (foundation) session, just bring what you have completed and finish the rest later. These answers will be treated with complete professional confidentiality.

**Contact Information** (Confidential)

First Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you like to be called      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State      \_\_\_\_\_\_\_\_\_\_\_ Zip Code      \_\_\_\_\_\_\_\_\_\_\_\_

Home Tele:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation / nature of business:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers or Business Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital status:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children?       Do your children live with you?

If yes, how many?

What do want to get from the coaching relationship?

What is the “best” way for me to coach you most effectively, what tips would you give to me about what would work best?

Do you have any apprehension or pre-conceived ideas about coaching?

What are 3 things you would like to me to know about you?

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal**

1. What accomplishments or events must, in your opinion, occur during your lifetime to consider your life satisfying and well lived?

1. What is (or might there be) a secret passion in your life? Something you may or may not have allowed yourself to do so far, but which you would really love to do.
2. What unique gift or knowledge do you have to contribute?

1. Please describe what gives you a sense of purpose in life? What activities have meaning for you?

1. What’s missing in your life, the presence of which would make your life be more fulfilling?

1. What do you do when you are really up against the wall?

# **Health & Wellness Information**

As your coach, my job is not to “treat” you, but to be your ally and your resource. When it comes to health and wellness issues I will help you discover steps you may choose to take towards greater health and higher levels of wellness.

As your ally, I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek any treatment in these areas. I can be a source of support and accountability, helping you to follow through with any treatment plans that you devise with these other professionals.

Please share with me information about your health and wellness so that I may more fully understand your health challenges and aspirations for higher levels of wellness.

1. Please describe your lifestyle and what you do to be healthy and well.

1. Please describe any health challenges that you currently experience (major concerns as well as just bothersome things like headaches, insomnia, etc.)
2. Are you currently on any medications? If so what is the name of the medication and the intended impact of the medication?

1. What do you do to reduce stress in your life, or to counter-act the effect of stress in your life?

1. Please describe a typical week in terms of diet and exercise/activity.

1. What do you do in your life that brings you happiness and joy? How often do you do this?
2. What gets in the way of you doing what brings you joy and health in the world?

1. How can a coach be of assistance in helping you make the lifestyle changes you’d like to make?

1. What two steps could you take immediately that would make the greatest difference in your current situation?