

HOLISTIC LIFE COACHING ASSESSMENT FORM

Please print, fill out the information, upload and send via e-mail 48 hours prior your first session.

Date: _____

Name: _____ (First)
(Last) (Middle Initial)

Name of parent/guardian (if you are a minor):

_____ (First)
(Last) (Middle Initial)

Birth Date: ____ / ____ / ____ Age: _____ Gender: Male Female

Address: _____ (Street and
Number) (City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

Marital Status: Never Married Partnered Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Name of Children and ages (if applicable): _____

Emergency Contact Name: _____

Phone: _____

Current Primary Physician: _____

Current Holistic Practitioner(s)?: _____

LIFE GOALS:

Priorities for holistic life coaching? (Improve well-being, improve productivity, improve mental/emotional state, work/life balance, change habits, improve personal relationships, etc.)

Please list any changes you would like to make in the following areas:

Family: _____

Money / Financial Situation: _____

Career / Business life: _____

Service / Personal Character: _____

Relationships: _____

Friends: _____

Living Space / Home: _____

Personal Growth / Learning: _____

Health / Self Care: _____

Creativity: _____

Play / Leisure time: _____

What do you most want to achieve for yourself?

What do you spend most of your leisure time doing (hobbies)?

Are there any habits you have adapted from ancestral patterns you are trying to change?

What are other restraining forces keeping you from achieving goals?

What would you say is your greatest accomplishment to date?

What do you expect to achieve from life coaching in the next 3 months?

What is the hardest thing in your life that you have had to overcome?

What major transitions in your life have you had in the past two years?

What are your spiritual beliefs or religious practices? _____

Have you worked with a therapist or wellness/life coach before?

Holistic life coaching sessions are conducted by e-coaching or in person through an affiliated organization or affiliated holistic integrative specialist. Holistic life e-coaching sessions, documents and payments are through Facebook messenger for verification purposes. In person holistic life coaching sessions, documents and payments are through affiliated organizations or affiliated holistic integrative specialist centers. Sessions conducted with a minor must be assisted through a parent or guardian. Consultations with NICOLE MCNEILL, Holistic Wellness Coach, are not intended to diagnose treat, or cure. This consultation is for educational purposes and strategic planning only. Holistic life coaching is not a substitution for medical care. Referrals are provided to holistic or integrative specialists.

Cancelled e-coaching sessions must be notified 24 hours prior to the scheduled session. If notification is not given 24 hours prior to the scheduled session time, there is a 50% cancellation fee (\$22.50) deducted from the \$45.00 payment made 48 hours before your scheduled coaching session. All cancelled sessions will be refunded \$22.50.

Holistic life coaching Disclaimer of Liability: By signing below, I, the client, hereby employ a Holistic Life Coach for the purpose of supporting my goals through a strategic plan and/or referral to holistic specialists. I, the client, agree to render life coaching services for \$45.00 per 1-hour session. If the session is cancelled, I agree to pay a cancellation fee of \$22.50 from the \$45.00 payment made at least 48 hours prior to the scheduled session. Any child under my care is assisted through my support in every holistic life coaching session. I understand that consultations with NICOLE MCNEILL, Holistic Wellness Coach, are not intended to diagnose treat, or cure. I understand that the holistic life coaching is for educational purposes and strategic planning only. Holistic life Coaching is not substitution for medical care. I understand referrals are provided to holistic or integrative specialists.

I have read and agreed to the Policies and Disclaimer of Liability.

Client's Signature/Date _____

Guardian's Signature/Date (if applicable) _____

Once you have completed this form please email or bring to the initial session.