

## Client Information Sheet

Note: All personal information is held securely in accordance with the appropriate legislation, confidential and treated appropriately.

### Client Information

Name:		Date:
Name you like to be called:		
Street address:		
City State Zip:		
Email address:		
Phone:		
Best contact method:		Preferred time of day:
Emergency Contact:		
Relationship:		
Phone:		
Spouse/Significant Other: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:
Children: Yes <input type="checkbox"/> No <input type="checkbox"/>	Names/ages:	

### Vocational Information

Type of work:	
Employer:	
Title:	
Is there anything in your professional history that your coach should know?	

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## Health Information

### Physical

Are you currently under a physician's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what condition(s) are you being treated for?	
List medications and supplements:	
List any physical allergies:	
Do you have any health history your coach should know about?	

### Mental/Emotional

Describe your current mental/emotional state:

## Client Information Sheet

List any phobias or aversions:

## Interests/Preferences/Hobbies

What do you like to do with your spare time? Do you have any passions?

## Spiritual Beliefs

Briefly describe your spiritual beliefs: