



Coaching registration form

Client:

Name and Surname _____

Date and Place of Birth _____

Street and house number _____

State, City and Postcode _____

and / or (partner/minor child) *when need it

Name and Surname _____

Date and Place of Birth _____

Street and house number _____

State, City and Postcode _____

Coaching goal / description / information

1. Please briefly describe the topic of coaching.

2 What do you want to achieve? Please set a goal for Coaching.

3. What have you done so far to achieve this goal (strategies, exercises, coaching, therapies, plans, measures ...)?

4. Are there already consequences for you or your environment (workplace, family, partnership, team, friendship...)?

5. Do you have physical or psychological problems, illnesses, addictions? Do you take medication? Are you in medical treatment (family doctor, specialist)? Are you in a procedure with a life coach, psychologist, psychotherapist, hypnotherapist, etc.?

6. Are you married or in cohabitation, relationship, registered partnership, single? Do you have children? How many and what age?

7. What is your occupation? Field of work? What is your position (if applicable)? Do you study (Which year/ Subject)? Do you go to school, which class?

Special notes or comments:

By signing this form, I confirm that all provided information provided are correct. I am aware that misinformation or false information can affect the outcome of coaching, and that I am therefore responsible for the unfulfilled goals or the inadequate coaching process. Here by I also confirm that I have been informed about all my rights and obligations before the coaching process have begun. I am also informed that in the event of cancelling the appointment, within less than 24 hours, it will be fully charged, except in exceptional circumstances.

Place and date: _____

Client's signature _____