

**Creativity Coaching
Client Information Sheet**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home) _____ (work) _____

Cell _____ Date of Birth: _____

Person to call in case of emergency: _____ Phone: _____ (h)

Address: _____ Phone: _____ (w)

Relationship to client: _____

Employment:

Job: Yes ___ No ___ Employer: _____

Hours per week: _____

Coaching History:

Please describe any experience you have had with coaching in the past

Where? _____

When? _____

How long? _____

What strategies did you experience as successful/unsuccessful for you?

Health History: Present Health: ___ Excellent ___ Good ___ Fair ___ Poor

_____ I am presently taking medication(s) (specify)_____

Personal Strengths: (Please list at least three of your strengths)

- 1.
- 2.
- 3.

Coaching Goals: List three goals in order of priority

- 1.
- 2.
- 3.

Is there anything more you would like me to know that would be helpful?

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