



Please print clearly. Please bring to your appointment with you.

Date: _____ Name: _____ Age: _____

Address: _____

Phone _____ Email: _____

Marital Status: _____ Sex: _____ College Degree: _____

Occupation: _____

How did you hear about us?

Please circle the number that reflects how you feel about the following statements

	Not at all	Somewhat	Above Average	High / or strongly agree						
I have high self-esteem / self-confidence	1	2	3	4	5	6	7	8	9	10
My stress level is	1	2	3	4	5	6	7	8	9	10
I am satisfied with my income	1	2	3	4	5	6	7	8	9	10
I am satisfied with my life	1	2	3	4	5	6	7	8	9	10
I set goals	1	2	3	4	5	6	7	8	9	10
I procrastinate	1	2	3	4	5	6	7	8	9	10
I become angry often	1	2	3	4	5	6	7	8	9	10
I have panic or anxiety attacks	1	2	3	4	5	6	7	8	9	10
I am a positive minded person	1	2	3	4	5	6	7	8	9	10



Please circle the areas that you would like to discuss changing.

Improve Confidence

Lower Anxiety and Stress

Become Healthier Physically

Make More Money

End Procrastination

Change Limiting Beliefs and Negative Self-talk

Other, please explain:

1. If you are more confident what would that look like?

2. Do you know what your limiting beliefs are? Please explain:



3. If you had more motivation what would you achieve or accomplish?

4. If you have negative self-talk, what do you say to yourself?



5. Is there a career or business you want to start?

6. What skills or talents do you need for your dream career?



7. Do you have a business?

8. Are you in sales?



9. What are some of your strengths?

10. Please list at least 3 scenarios where you felt you did something well, and you felt good and were proud of yourself.



11. I am happiest when I am....

12. If I could do anything I would...



13. What has hampered you from achieving your goals or desires?

Circle your present income range:

0 - 25,000.00

25,000 to 50,000.

50,000 to 75,000.

75,000 to 100,000 plus

Where would you like your income to be annually? _____