

**Lynda Lahman, MA**  
(425) 761-7715

**Client Information**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Marital/Partner Status: \_\_\_\_\_

Client Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current or Chronic Health Problems: \_\_\_\_\_

Previous Coaching Experience: \_\_\_\_\_

Why are you seeking coaching at this time? \_\_\_\_\_

\_\_\_\_\_

Please list the goals you want to achieve with coaching: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you think I should know before we begin? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Client, Parent, Guardian or Personal Representative Date

\_\_\_\_\_  
Please print name of Client, Parent, Guardian or Personal Representative Relationship to Client