

DR. JEFF SPAR  COACHING

**Please fill out this form and fax, or e-mail it to me before the first session.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_

(office) \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employment (employer, location, job, title, length of time)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Description of Job and/or Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client information-Page 2**

Formal Education (schools, degrees, study concentrations)

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Informal Education (non-degree programs)

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Marital Status \_\_\_\_\_

Number of Children \_\_\_\_\_

Names and Ages \_\_\_\_\_

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List your Top Five Strengths

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Client information-3**

List Five Weaknesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List Your Five Top Skills

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the Five Accomplishments of Which You are Most Proud

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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List Three Short Term Goals You Would Like to Work on During the Next Month

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List Three Longer Term Goals You Would Like to Work on During the Next Three Months

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List Ten Things You Are Tolerating (Putting Up With) That You Really Don't Want or Need in Your Life

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_