



Complete before consultation and bring to appointment

## GETTING UNSTUCK

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Can I leave a message: YES NO Preference\_\_\_\_\_

Cell Phone \_\_\_\_\_ Can I leave a message: YES NO Preference\_\_\_\_\_

Work Phone \_\_\_\_\_ Can I leave a message: YES NO Preference\_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_

Presenting issue seeking guidance \_\_\_\_\_

What is your current support system? \_\_\_\_\_

How do you cope with stress? \_\_\_\_\_

How many hours of sleep so you get each evening? \_\_\_\_\_

Do you exercise? (If so please list type of activity and duration) \_\_\_\_\_

Do you smoke? If so how much? \_\_\_\_\_

Do you drink? (If so how many drinks per week) \_\_\_\_\_

What are 3 to 5 goals you want to set for yourself for the next 90days? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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What are the most important goals for the next year? Date: \_\_\_\_\_

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What are your most important goals for the next 5-10 years? \_\_\_\_\_

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Try to sketch out the outlines of the life you would like. Think Big! What would it be like

Personally? Professionally? Socially? Physically? Spiritually? \_\_\_\_\_

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