



Client Data Sheet

Please download, complete and email to maq@gstringliving.com within 72-hours.

Contact Information:

Full Name:
 Name you preferred to be call:
 Address:

Home Phone: Email: Cell Phone:

Employment Information:

Occupation (what you do to earn a living):
 Employer name:

Personal Information:

Date of birth:
 Marital Status: Significant other's name:
 Wedding/Special Anniversary date:
 Name(s) and age(s) of child(ren):

Directions: Please respond to the following questions. If you get stuck... take a breath... and ask yourself the questions... listen, write whatever you hear 😊

1. Are you currently seeking support from a mental health care provider, please explain.

2. Have you been diagnosed with/taking medication for a mental illness that may impact your full presence in this coaching process?

3. Please describe how you are NOT living as your authentic self in the following areas. Please keep your response to 150 words or less for each area.

- A. Physical well being (body, and/or environment)

- B. Emotional well being (how do you feel about yourself and your life)

- C. Mental well being (what do you think about yourself and your life)

- D. Spiritual well being (your relationship with God)

4. Who is the person you desire to live as, what would you like to see her life look like three months from now in the following areas? Write this response in 1st person, present tense i.e.: *"I am living my dream as a writer,"* as oppose to *"I would be a writer."* Please keep your response to 150 words or less for each area.

- A. Physical well being (body, and/or environment)

- B. Emotional well being (how do you feel about yourself and your life)

- C. Mental well being (what do you think about yourself and your life)

- D. Spiritual well being (your relationship with God)