

# POWER CONSULTATION INFORMATION FORM

*Please provide the following information and answer the questions below.*

Client Information Date: \_\_\_\_\_ Name: \_\_\_\_\_

Is it okay to leave messages at this numbers?  Yes  No

E-Mail Address:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

How did you hear about me?

\_\_\_\_\_

\_\_\_\_\_

Please list your Goal for this conversation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This goal is important to me because?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What part of your life is working well?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What part of your life could be working better?

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Do you have a budget for your personal self-growth and development?  Yes  No

What are some of the obstacles that keep you from achieving your goals?

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