



**PARTNERSHIP · WORKS**  
MIND · BODY · LEADERSHIP

## **Health & Well-Being Coaching Inventory Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Vocation \_\_\_\_\_

Key Relationships at this time: \_\_\_\_\_  
(Names & Ages) Birthday \_\_\_\_\_

What do you desire to achieve with a coaching relationship?

What are your top twelve values?

- |    |     |     |     |
|----|-----|-----|-----|
| 1) | 2)  | 3)  | 4)  |
| 5) | 6)  | 7)  | 8)  |
| 9) | 10) | 11) | 12) |



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What do you want your life to look like a year from now?

What do you want your life to look like five years from now?

Name seven personal strengths that you have:

What are your obstacles in life?

What do you desire or expect from me, as your coach?

How do I best motivate and challenge you?



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What do you feel you must accomplish during your lifetime so that you will consider your life to have been satisfying and well lived?

What would make life more fulfilling? Is there anything missing?

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Why do you feel you don't have this in your life now?

If there were not obstacles, what would you do?

What are the top 3 areas/issues in your life that you desire to put attention and intention upon?



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If you had the continuing services of a coach in an ongoing relationship, and money were no object, what would you choose to address as a goal?

What else would you like to express to feel complete?

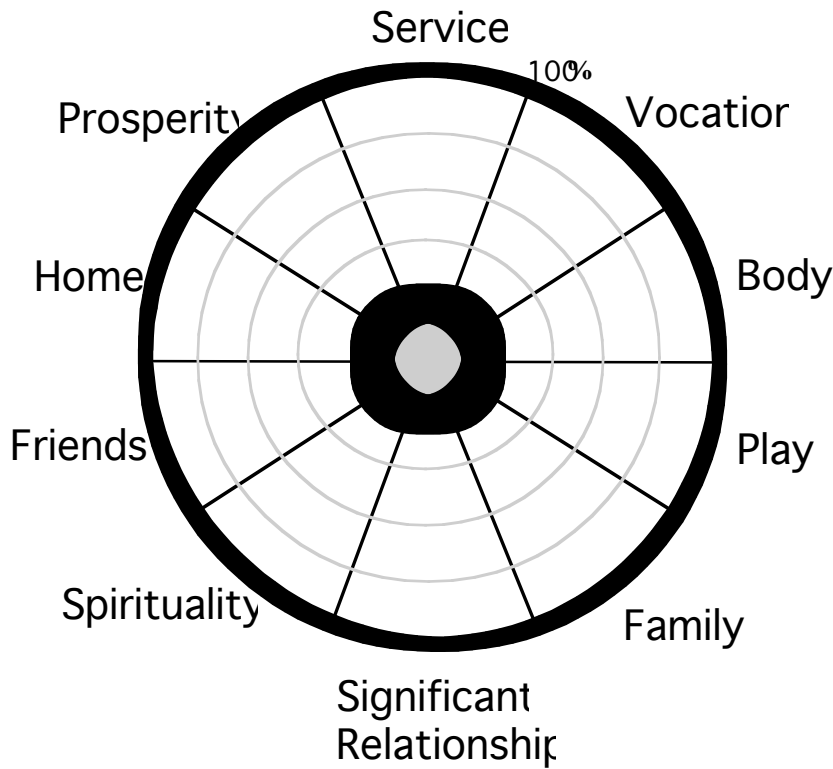
Please make a copy of this completed intake then mail the original to me :

Teddy Gardner  
1623 SE Malden St.  
Portland, OR 97202



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# The Wheel of Life



List the actions you are willing to take to increase your level of satisfaction.

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

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

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

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

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

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



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

Spirituality

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

Significant Relationship

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

Service

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

Play

Other Areas you would include on your wheel of life...

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

Please include any comments that you may have on this process....