



Please invest 15 – 20 minutes to carefully consider these questions. The more you can share, the better Dr. Linda can support you in transforming your health.

First & Last Name: _____

Age: _____

Date Of Birth: _____

Email: _____

Phone: _____

Address: _____

City: _____ **State / Province / Region :** _____

ZIP / Postal Code: _____ **Country:** _____

How did you hear about Dr. Linda? _____

Where do you rate your current health condition on a 1-100 scale (1=poor 100= excellent health)? _____

How long have you been there? _____

Where do you want your health to be on a 1-100 scale (1=poor 100= excellent health) _____

How long do you think it will take you to get to your health goal you stated above? _____

What are some areas in your life (work, home, sex life, relationships) that are affected because of your current health condition/status? What concerns about your health issues keep you up at night?

What is your single biggest challenge that is holding you back from feeling healthy, vibrant and the best version of you right now? _____

What are the top 3 things you would like to change or make better in the next 3 months in regards to your health?

How would your life be if this change occurred? (etc. I would be able to play with the kids,) _____

If you transformed your health how would that make you feel? _____

When you have tried to change before what happened? What has held you back? What blocks have kept you from changing? _____

Why are you interested in having someone help you with your current health issue? _____

How willing are you to invest in yourself and what type of things have you done before? _____

Why is it important to change now? _____

On a scale of 1-10 how important is this to you? _____

What kind of support is most helpful to you? _____

How will you know how effective our engagement has been? _____

What specifically would you like to talk about during this strategy session? _____

What single action can you take now that would help you with your current health issue, that you haven't done, yet you know if you just did it, it could change your current health issue dramatically? _____

How willing are you to make substantial changes to your thinking, behavior and actions? _____

Congratulations!

Thank you for taking the time to complete the coaching prep form, which will help us have a more productive session together! In the meantime, feel free to visit www.PremierHealthOC.com or www.PremierHealthLHC.com and check for our articles/blog that will be posted weekly by November 2016.