



In The Flow
Meditation & Wellness
A SAFE PLACE TO BREATHE

Name: _____

Date: _____

1. What do you desire to achieve from Relaxation Therapy or Wellness Coaching?
 - a. Do you have any specific goal/s or issue/s to resolve / meet?

 - b. How will you know when you have achieved those goals?

6. Are you willing to invest 2-10 hours of time each month specifically to your success?

7. The following values, ideas or things are very important to me:

8. I would like to have, experience, be, or express more:

9. I would like to have, experience, be, or express less:

10. If asked, people that know me would say that I am?

11. On a typical day, I usually experience the following emotions?

12. What is your current spiritual practice?

13. What might prevent you from getting value out of coaching?

14. Are you comfortable paying for coaching and view it as a valuable investment in your life?

15. Are you currently in therapy or otherwise under the care of a mental health professional? If yes, have you consulted with this person regarding the advisability of working with a life coach?

16. What were the thoughts and feelings you experienced as you read and completed the questionnaire?

Thank you for taking the time to complete this questionnaire. I enthusiastically anticipate hosting a Safe Place for you to Breathe, Release, Resolve and Restore your Peaceful Flow successfully.