

Laura Blundo Relationship
Coach
Relationshipawakenings.com
603-986-2782

Client Information

Name:	Click here to enter text.
Address:	Click here to enter text.
City:	Click here to enter text.
Province/State:	Click here to enter text.
Postal/Zip Code:	Click here to enter text.
E-mail:	Click here to enter text.
Date of birth (mo-date-year)	Click here to enter a date.
Phone (day):	Click here to enter text.
Phone (evening):	Click here to enter text.
Cell:	Click here to enter text.
Emergency contact name and phone number:	Click here to enter text.
Marital status:	Click here to enter text.
Name of spouse or former spouse:	Click here to enter text.
Children (names and ages):	Click here to enter text.
How you learned about Laura Blundo/ Relationship Awakenings	

Congratulations on taking this important step towards your desire to grow and heal.

This questionnaire contains some powerful questions for you to consider before your first coaching session. This tool is meant to empower you to think clearly, become intentional and

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allow yourself the privilege to look for the answers. Think about what you want, what limitations you're currently living with, and how you can move forward in your relationship and life.

To make the most of this, I invite you to find time where you can have an appointment with yourself, uninterrupted. Find an environment that is relaxing, pleasing and allows you to be at your best, 100% focused on yourself. Give yourself the gift of time.

Use this tool anyway you would like. Take some time to ponder the questions, answering all the questions or choosing not to. Some of the language may not be familiar to you. If that's the case, please ask or simply answer the question as you interpret it.

What do you want to specifically achieve by working with a coach?

1. [Click here to enter text.](#)
2. [Click here to enter text.](#)
3. [Click here to enter text.](#)

When you've achieved the goals you just listed above, what would that look like for you (be specific):

Emotionally: [Click here to enter text.](#)

Financially: [Click here to enter text.](#)

Physically: [Click here to enter text.](#)

Relationally: [Click here to enter text.](#)

Spiritually: [Click here to enter text.](#)

As an adult, have you ever worked in one-on-one relationship (e.g., tennis coach, piano teacher, 12-step sponsor, therapist)? yes or no

At times it is helpful to collaborate with another coach or therapist. If you are open to collaboration, please provide the name and permission to contact.

If yes, what worked well for you?

[Click here to enter text.](#)

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What did not work well? [Click here to enter text.](#)

What medications, if any, are you currently taking and why?
[Click here to enter text.](#)

If yes, what step or workbook/recovery exercises are you currently doing? [Click here to enter text.](#)

What concerns do you have about your life/relationship/healing/work?

1. [Click here to enter text.](#)
2. [Click here to enter text.](#)
3. [Click here to enter text.](#)

What are you most frustrated about?
[Click here to enter text.](#)

What are you happiest about?
[Click here to enter text.](#)

What do you **most want to change** for yourself in life, marriage, healing , work, etc.?
[Click here to enter text.](#)

On a scale of 1-10 (1 being not at all and 10 being entirely), how satisfied do you feel you are as of today? [Click here to enter text.](#)

What major changes have you experienced in the past two years? (ie. change of job, a new role, change in residence etc.)

[Click here to enter text.](#)

On a scale of 1 - 10 (10 being entirely), how fulfilled are you with the choices you've made in the last 6 months? [Click here to enter text.](#)

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On a scale of 1-10 (10 being lots), how much stress is in your life right now? [Click here to enter text.](#)

What currently causes you stress?

[Click here to enter text.](#)

How often do you feel triggered into anger, sadness, shame, anxiety, etc? [Click here to enter text.](#)

On a scale of 1-10 (10 being most affected) how negatively affected are you by these triggers?
[Click here to enter text.](#)

On a scale of 1-10 (10 being extremely angry) how angry have you felt over the past month?
[Click here to enter text.](#)

How do you tend to react when you're angry? (verbal outburst, yelling, punching, quiet, etc.)

[Click here to enter text.](#)

What 5 adjectives would your spouse/best friend use to describe you at your best?

1. [Click here to enter text.](#) 2. [Click here to enter text.](#)

3. [Click here to enter text.](#)4. [Click here to enter text.](#)

5. [Click here to enter text.](#)

How would they describe you at your worst?

1. [Click here to enter text.](#) 2. [Click here to enter text.](#)

3. [Click here to enter text.](#)4. [Click here to enter text.](#)

5. [Click here to enter text.](#)

What five adjectives would you use to describe yourself at your best?

1. [Click here to enter text.](#) 2. [Click here to enter text.](#)

3. [Click here to enter text.](#) 4. [Click here to enter text.](#)

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5. [Click here to enter text.](#)

At your worst?

1. [Click here to enter text.](#) 2. [Click here to enter text.](#)

3. [Click here to enter text.](#) 4. [Click here to enter text.](#)

5. [Click here to enter text.](#)

What typically motivates you to achieve your goals (rewards, determination, children, aligning with your values, etc)?

[Click here to enter text.](#)

On a scale of 1-10 (10 being most effort) how are you in performing self-care? [Click here to enter text.](#)

On a scale of 1-10 (10 being most effort) how are you in identifying healthy boundaries? [Click here to enter text.](#)

In upholding boundaries? [Click here to enter text.](#)

How do you like to be held accountable?

- Not at all, I can do it myself
- Somewhat, I'll let you know at the time
- Completely, Please remind me and hold me to it

Anything else you'd like to share about yourself at this time: [Click here to enter text.](#)

Thank-you for taking this time to reflect and share some more about yourself and how we can partner together on your healing journey.

Please return this completed document at least 24 hours before your first session.