

Wellness Mapping Welcome Packet

Personal Information

(Completely confidential)

Full Legal Name _____ Date of Birth _____

Name you like to be called _____

Full Mailing Address _____

Phone info (please circle the phone # that you prefer to be contacted at first)

Home _____ Work _____

Cell/Mobile _____ Fax _____

Email Address _____

Occupation/Nature of Business _____

Employer Name (or name of your business) _____

Address of Business _____

How many hours do you work per week? _____

Do you work a regular or rotating schedule? _____

Do you enjoy your job/career? Yes ___ No ___

If not, what would you rather be doing? _____

Does your occupation require you to handle any chemicals? Yes ___ No ___

Are you directly exposed to these chemicals more than once per week? Yes ___ No ___

What type of chemicals? (ex: bleach or cleaning solutions, paints or solvents, oils or lubricants, latex, x-ray developing solutions, etc) _____

Chemical exposure can also occur through breathing. What noxious gases or fumes are you exposed too regularly? (ex: chemical fumes, hair spray, perfumes, spray on cleaners, paints, exhaust, etc) _____

Previous Work History: please explain the basics of type or work/career areas you have experienced and for how long _____

Family History:

Were your parents ever divorced? Yes____ No ____

If yes, which parent raised you? _____

If there was a step-parent, what was your relationship with them? _____

Were you raised by your birth parents? Yes____ No ____

If not who raised you? _____

- Did you have a good relationship with your alternate guardian? _____

- If not what was the main source of conflict? _____

How many siblings do you have? _____

Where are you in the line up of siblings? (ex: youngest, middle, etc) _____

What was your relationship with your siblings? _____

Are you married? Yes____ No ____ How long? _____

Name of Spouse or Significant Other _____

Do you have children? Yes____ No ____

Please list names of children & their ages

Other Relationship History (previous marriages, long-term relationships, etc) _____

Education History: colleges attended, degrees, majors, other trainings etc. _____

Social History:

Did you enjoy being a child? Yes ____ No ____

What is your most fond memory before the age of 11 years? _____

Did you ever have anything traumatic happen to you as a child? _____

Did you enjoy being a teenager? Yes ____ No ____

What is your most fond memory between the ages of 12 & 18 years? _____

Did you ever have anything traumatic happen to you as a teen? _____

What is the most unhappy memory between the ages of 12 & 18 years? _____

Would you say that you enjoy life as an adult? Yes ____ No ____

What is your most fond memory of adult hood? _____

How would you describe yourself? (circle all that are appropriate)

- | | | | |
|--------------|--------------|----------------|---------------|
| Humanitarian | Lover | Fighter | Workaholic |
| Neat Freak | Disorganized | Fun-loving | Worrier |
| Manipulative | Judgmental | Angry | Awkward |
| Proud | Forgiving | Compassionate | Open-Minded |
| Warrior | Dissatisfied | Reliable | Perceptive |
| Teacher | Overwhelmed | Self-Conscious | Admirable |
| Independent | Doormat | Fearful | Perfectionist |
| Lighthearted | Confident | Flirtatious | Reserved |

Feel Free to write in any others you feel apply: _____

Focusing Your Choices

An aspect of the coaching process is to assist you in clarifying your direction in your life style choices. This exercise will add clarity to the primary areas you want to focus on in coaching. Please describe the five areas you would like to change or improve in your way of living. How will it look when you accomplish your goals?

1. What I would like to change or improve is....

How will your life/health change when this is improved or changed?

2. What I would like to change or improve is....

How will your life/health change when this is improved or changed?

3. What I would like to change or improve is....

How will your life/health change when this is improved or changed?

4. What I would like to change or improve is....

How will your life/health change when this is improved or changed?

5. What I would like to change or improve is....

How will your life/health change when this is improved or changed?

10 Things you want me to know about you

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Laying the Foundation for Coaching

As your coach, it's important for me to understand how you view the world in general, yourself, your family and your job or career. Each person comes from a unique place in their thinking and their interaction with the world around them.

Answering these questions clearly and thoughtfully, will serve both you and me. The questions may help you clarify perceptions about yourself and the direction of your life. These are "pondering" type questions, designed to stimulate your thinking in a way that will make our work together more productive. Take your time answering them. If they are not complete by our first (foundation) session, bring what you have completed and finish the rest later. These answers will be treated with professional confidentiality.

Coaching

1. What do you want to get from the coaching relationship? _____

2. What is the best way for me to coach you most effectively, what tips would you give to me about what would work best for you? _____

3. Do you have any apprehension or preconceived ideas of coaching? _____

Job/Career

1. What do you want from your Job/Career? _____

2. What projects or tasks are you involved in currently or regularly? _____

3. What are your key job/career goals currently? _____

4. What skills or knowledge are you developing? How are you gaining this knowledge?

5. How do your job/career goals support or fit with your personal goals or sense of purpose?

6. In what ways does your job affect your level of stress and your health? _____

Personal

1. What accomplishments or events must, in your opinion, occur during your lifetime to consider your life satisfying and well-lived? _____

2. What is (or might be) a secret passion in your life? Something you may or may not have allowed yourself to do so far, but you would really love to do. _____

3. What unique gift or knowledge do you have to contribute? _____

4. What is your spiritual base or belief system? How do you draw upon your spiritual beliefs for support and to help you with moving forward with your life? _____

5. Please describe what gives you a sense of purpose in life? What activities have meaning or heart for you? _____

6. What's missing in your life, the presence of which would make your life more fulfilling?

7. What do you do when you are really stressed and feel up against the wall? _____

8. What two steps could you take immediately that would make the greatest difference in your current situation? _____

Health & Wellness Information

As your coach, my job is not to treat you, but to be your ally and your resource. When it comes to health and wellness issues I will help you discover steps you may choose to take towards greater health and higher levels of wellness.

As your ally, I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek treatment in these areas. I can be a source of support and accountability, helping you to follow through with any treatment plans that you devise with these other professionals.

Please share with me information about your health and wellness so that I may more fully understand your health challenges and aspirations for higher levels of wellness.

1. Please describe your lifestyle and what you do to be healthy and well. _____

2. Please describe any health challenges that you currently experience (including not only major concerns, but problems like head-aches, insomnia, etc.) _____

3. Are you currently on any medications? If so what is the name of the medication(s) and the intended impact? _____

4. Please list any lifestyle changes/recommendations that have recently been made to you by a healthcare professional. _____

5. What do you do to reduce stress in your life, or to counter-act the effect of stress in your life? _____

6. Please describe a typical week in terms of diet and exercise. _____

7. What do you do in you life that brings you happiness and joy? How often do you do this? _____

8. What gets in the way of you doing what brings you joy and health in the world? _____

9. How can a coach be of assistance in helping you make the lifestyle changes you'd like to make? _____

10. What else would you like to add about your wellness goals? _____

CONGRATULATIONS! You have just taken the first step to making positive lifestyle changes. This is only the first of many “baby steps” you will take to achieving your goals. At our first meeting the Foundation Session we will review your answers to determine the best place to begin and what goals to set. There will also be a couple more awareness exercises that you will complete and we will reach and agreement on Client / Coach Responsibilities. I look forward to seeing you at that next appointment and to walking with you on this incredible journey.

Jenn Darrow, Wellness Coach
“Your Ally for Achievement”