

Inspired Life Planning

With Dr. Albert Ringewald

Tell Your Story...

Please provide the following information. The information you provide will be used in your life coaching and will be kept confidential.

Date : _____

Name : _____

Birth Date: _____ **Age:** _____ **Gender:** _____

Address: _____

Home Phone: _____ **Cell/Mobile:** _____

E-Mail: _____

Marital Status: _____ **Spouse's Name:** _____

**Names of Children and
Ages:** _____

Referred By: _____

Personal / Professional Goals:

- 1. _____
- 2. _____
- 3. _____

What are the biggest changes you want to make in your life over the next 3 years?

- 1. _____
- 2. _____
- 3. _____

What do you want to achieve for yourself in your life/career?

What are the restraining forces keeping you from achieving these?

What would you say are your greatest 3 accomplishments to date?

What do you expect to achieve in life as a result of hiring me as your life coach?

What is the hardest thing in your life you've had to overcome?

What major transitions or life changes have you had in the past two years?

(Example: Achieving a different life passage, a new significant relationship, job role, residence, change in children's ages/stages, etc.)

Who are or have been your major role models? Why?

Have you worked with a coach or counselor before (eg. Therapist)?

If so, what worked well for you or did not work in the relationship?

Who will be supporting you through this process?

Life Changes

Please list any changes you would like to make in the following areas:

Family:

Money/ Financial Situation:

Career / Business Life:

Personal Growth / Character:

Health / Self Care:

Living Space / Residence:

Life Planning Agreement

Date: _____

Name: _____

Our sessions are conducted in any of the formats such as over the telephone, or virtual technologies (Skype, FaceTime, Tango etc.).

The cell number is: 619-204-4767

Payments are typically made using PayPal. Other methods of payment can be individually discussed on a case by case basis.

Missing a scheduled appointment is strongly discouraged. Unforeseen circumstances happen. Notification of cancellation must be received 24 hours in advance to avoid charges.

Failing to complete assignments does not constitute a valid reason for missing or canceling a session.

Life Planning Disclaimer of Liability: The Client hereby employs Dr. Albert Ringewald for the purpose of supporting the Client with respect to the Client's Self-Awareness, Vision, Goals, and Strategic Life Planning. Dr. Ringewald has significant experience and training in such services. Although he is a licensed psychologist (California Psychologist #PSY 9330), his services, under this contract, do not constitute psychological services.

I have read and agree to the Policies and Disclaimer of Liability.

Client's Signature (Date) _____

Life Planner Signature (Date) _____

Please send completed form to: albert@drringewald.com