

The Winner's Mind
Lynda Lahman, MA (425) 761-7715

Client Information

Name: _____
Last Name First Name Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Sex: _____ Birthdate: _____ Marital/Partner Status: _____

Client Employer/School: _____

Occupation: _____

Current or Chronic Health Problems: _____

Previous Sport Psychology or Coaching Experience: _____

Why are you seeking coaching at this time? _____

Please list the goals you want to achieve with coaching: _____

Is there anything else you think I should know before we begin? _____

Signature of Client, Parent, Guardian or Personal Representative

Date

Please print name of Client, Parent, Guardian or Personal Representative

Relationship to Client