

Rivers of Victory Client Survey



RIVERS OF VICTORY

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Date:	
Client Name:	
Address:	
State/Province:	
Zip/Postal Code:	

Thank you for taking the time to fill out the following questions. Please complete prior to your First Session. All of your information will be kept confidential.

What is your main personal growth concern?

What obstacles, challenges, and struggles do you feel are in your way?

Do you struggle with feeling like you are not enough?

Are you willing to go dig deep to uncover the obstacles?

What is motivating you to work on this area of growth?

What is it specifically you want to achieve?

How will you know when you have grown in that area?

What have you done in the past to work on your personal growth?

Describe your ideal outcome from this coaching?

What are 5 things you LOVE about your life?