

Amy Sander Montanez, D.Min, LPC, LMFT
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Last Name _____ First Name _____ date _____

Date of Birth _____ Age _____

Who referred you to Dr. Montanez? _____ May I thank her/him? Y ___ N ___

Home Address _____ City _____ State _____ Zip _____

Occupation/Business name _____

Business Address _____ City _____ State _____ Zip _____

Preferred address for mail? Home _____ Business _____

List contact information and please mark "Yes" or "No" if I may contact you this way:

Home Phone _____ Y ___ N ___ Cell Phone _____ Y ___ N ___

Work Phone _____ Y ___ N ___ Email _____ Y ___ N ___

Okay to leave messages everywhere? If not, explain: _____

If there is ever an emergency while you are at my office, whom should I contact?

Name _____ Phone _____

Preferred Coaching Schedule on: (day of week; time of day) _____

Other information you want me to know: (you may continue on back of page _____

Names of important people in your life
(spouse, partner, children, friends, etc.) _____

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Significant life events: _____

How did you hear about my coaching services? _____

What influenced your decision to work with a coach? _____

Have you ever been coached? If so, please describe the experience. _____

Do you have specific goals for the coaching relationship? If not, what goals might you now create?

What are your significant commitments? _____

What would your perfect life look like? _____

What are your dreams? _____

What dreams have you given up on? _____

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Where do you want to focus first? _____

What parts of your life are working best now? _____

What parts of like are working least well? _____

What are your values? _____

What stops you from having the life you want to have? _____
