

Stuart Showalter, LLC  
Box 374  
Lebanon, IN 46052-0374  
Showalter@InCRA.info

### Life Coaching Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

Please complete as much of the following background information as you feel comfortable providing.

Age \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Religion \_\_\_\_\_

Educational background \_\_\_\_\_  
\_\_\_\_\_

Current Employment (if employed) \_\_\_\_\_

Please list any significant or diagnosed health problems \_\_\_\_\_  
\_\_\_\_\_

Please state briefly why you feel you need assistance \_\_\_\_\_  
\_\_\_\_\_

Annual household income\* \$ \_\_\_\_\_

Best time to conduct an initial consultation \_\_\_\_\_

Other persons we should be aware of - why \_\_\_\_\_  
\_\_\_\_\_

\* This is only needed to assist in advising you. We charge the same rate to everyone.  
**Stuart Showalter, LLC are NOT attorneys and can NOT represent you in court.**  
Your communications with us are not privileged.