

LIMITLESS LIVING

attract & become what you want

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Limitless Living Intake Form

VITALITY LIVING COLLEGE TRANSFORMATION PROGRAM INTAKE FORM

Name:	
Date of birth:	
Email address:	
Phone number:	
Relationship status:	
Profession/job:	

1. What are the areas you would like to explore during your transformation program? For example, problems you would like to solve or heal, or any goals you desire, or outcomes you want.

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2. What are the 3 most important changes you would like to make in your life?

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3. What prevents you from making these changes?

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4. Answer only if relevant: What have you done so far to solve the problem or reach the goal or outcome? What has worked and what has not worked?

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5. How will you know you have made these changes?

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6. What are the priorities you would like to focus on during the Transformation program? (list top 3 in order)

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7. What are your expectations from your coach/practitioner?

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8. On a scale of 1 to 10, how committed are you to the program to achieve the results, and changes you desire? (10 being fully committed, 1 being not at all)

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Any other information (for example information from medical professionals and healthcare specialists)

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I understand:

- The Limitless Living (LL) sessions that I am receiving from my LL Coach in Training are as part of case study sessions. My information will be kept confidential, and only shared with the course facilitator as part of the LL coach certification process.
- That my coach in training will take notes and or record the session via video or audio.
- That if I have a challenge that requires medical or mental health attention, that I will actively get a professional diagnosis and treatment as needed.
- That these sessions do not replace the need for medical or mental health attention.

Signed:

Date: