



Expanding Potentials, LLC
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Train your Brain– Live Your Best in Life, Health, Business!

Please take a moment to fill out this application. This will help us clarify your priorities and develop a program personalized to meet your needs.

Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Occupation: _____

Email: _____ Website if applicable: _____

Preferred method of contact: Phone Mail E-mail

Would you like to be added to the monthly newsletter with free articles, tips, tools, and more? Yes No

How did you hear about us? ___ Print Advertising _____ ___ Presentation: _____

___ Online : Google keywords used? _____

___ Referral (name): _____ ___ Brochure/Location: _____

Are you currently taking medications? If so, list them below along with purpose for medications:

Your Personal Power Foundation: Many times the problems we face are interrelated. By marking off all the areas that apply, we can personalize your program to maximize your results. For example, if I am working with someone on increasing work performance, we may also address stress, anxiety, getting things done, which lead to job performance, life balance, or a more efficient business. Mark all areas that apply below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Stress Less | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Negative Thoughts | <input type="checkbox"/> Self Criticism | <input type="checkbox"/> Irrational Fears |
| <input type="checkbox"/> Phobias | <input type="checkbox"/> Effects of Past Traumas | <input type="checkbox"/> Worry |
| <input type="checkbox"/> Old Habits | <input type="checkbox"/> Cravings | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Other _____ | | |

Your Top 3 Goals: List your Top 3 Priorities below: You may also use the areas outlined on the following page to help identify your priorities.

1. _____
2. _____
3. _____

Life Balance Assessment

Step 1: Looking at each area of your life on the balance wheel below, rate each area using a scale of 1-10 (10 being high), with how satisfied you are with each area.

Step 2: Next, fill in the percentage of that number for each pie of the wheel. For example, if I rated my fun and recreation a 3, I would color in that pie piece up to 30%. This will give you an idea of how well your life wheel rolls.

Step 3: Do steps 1 and 2, and we will cover the life wheel in our first session to identify your priorities, your goals, and better define your needs.

