

The Fox Performance Coaching Institute
2045 Maybank Hwy., Charleston, SC 29412 • 843-795-1100

Date_____ Social Security #_____ Referred by_____

Name_____ DOB ___/___/___ Age_____ Sex_____

Address_____

E-mail address_____ Cell phone_____

Day telephone number_____ Evening telephone number_____

Reason for Coaching?_____

Previous Coaching?_____ When_____ With whom?_____

What is your goal(s)?_____

Describe any performance anxiety issues:_____

How long have you had this anxiety?_____

Please add anything that would help us understand you and your situation:

Have you had a seizure, serious brain concussion or a stroke?_____

Person to contact in case of emergency_____

(Name and Phone number)

(Signature)

(Date)