



**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:

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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.

