

Name _____

Date _____

This form provides an overview of the transition(s) in your life so we can get right to work in our first session.

- Do write **brief words and phrases** (don't worry about complete sentences).
- Do **stop after 10 minutes** if there's still more to say and we will talk about the rest in person!

If you are curious, take a quick look at our Life Support model online at www.movingtobalance.com – we will use this framework during your session.

1. Briefly describe the change(s) you are facing in your life (big, small, whatever).
2. If you listed more than one, which one might put you “over the edge” right now?
3. How will you know when this transition is over? What do you hope that will look like?
4. How have you managed change successfully in the past?
5. What hasn't worked so well in the past?
6. What will be the hardest part of this change?
7. What do you feel like you've got covered?
8. How might you get off track or “get in your own way” during this change?

Thank you for taking the time to fill out this form!