

TAP OUT BURNOUT

Client Intake Form

Name: _____ E-mail: _____

Phone: _____ Current occupation: _____

of Years in current occupation _____ Current relationship status _____

Do you have children? (If so, how many?) _____

Are you a caregiver or do you have other significant responsibilities outside of work? If so, please explain

On a scale of 1-10 (one being the lowest and 10 being the highest) how happy are you in your life in general? _____

On a scale of 1-10 (one being the lowest and 10 being the highest), how severe is your burnout right now? _____

What do you view as the MAIN REASON/FACTOR contributing to your feelings of burnout?

What are the main issues you'd like to improve? On a scale of 1-10 (one being the lowest and 10 being the highest), please indicate how severe each issue is.

Disclaimer

The ultimate responsibility for your health and for your choices lies with you. The client understands that Tracy Inscore (dba Tap Out Burnout) makes no claims to diagnose, treat, prevent, mitigate, or cure diseases and that no information granted during the course of a session is to be construed as medical advice. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Tracy Inscore (dba Tap Out Burnout) from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with this healing session.

Signature
