

# Epiphany Consulting

## Client Intake Form

***Please fill out the form and return it to*** ***dave@epiphanyconsultant.com******.***

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| --- | --- |
| *Full name* |  |
| *Preferred name/pronouns* |  |
| *Email address* |  |
| *Phone number* |  |
| *Preferred contact method* |  |
| *How did you hear about this consulting practice?* |  |
| *What recent experiences have brought you to seek consulting at this time?* |  |
| *Have you ever worked with a consultant or coach before? If yes, what was that experience like?* |  |
| *What do you hope to gain from our sessions?* |  |
| *What would a meaningful “breakthrough” or “epiphany” look like for you?* |  |
| *What challenges or obstacles do you feel are standing in your way?* |  |
| *How do you currently approach problem-solving or decision-making?* |  |
| *Are you looking for insight, strategy, accountability, or something else?* |  |
| *How frequently would you like to meet?* |  |
| *Are you interested in in-person, video, or phone sessions?* |  |
| *Is there anything I should know to make sessions more effective or comfortable for you?* |  |
| *Is there anything else you’d like me to know before our first session?* |  |

By submitting this form, I understand that any advice given to me by Dr. David Howell is not intended to diagnose or treat any mental or medical conditions. Rather, recommendations made are in the interest of supporting my client’s thought processes.