

**Ramona Christine, LLC dba Embrace(D) for Life**

Holistic Healthcare & Psychotherapy, Spiritual Coaching  
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**Spiritual Coaching / Counseling In-take Form**

**From Ramona Christine – Welcome and Blessings!**

**A Brief Introduction**

I would like to thank you ahead of time for the time that you spend answering the questions below as honestly as possible. I look forward to learning about you and am excited to know a little bit about you prior to our first in-person session. It is important that you and I have a clear understanding of what it is you are looking for in a Spiritual Coach / Counselor so that we can best work towards achieving your personal goals.

The attached questionnaire serves as an opportunity for mindful awareness and thoughtfulness. Thinking through these questions allows an opportunity to search within for a truth that you resonate with.

Our first session could take 1 – 2 hours as we go through this questionnaire to better understand your goals. Feel free to add anything additional that comes to mind while going through the questionnaire. Ensuing appointments will be 1-hour sessions.

As someone who has spent the last twenty-five years seeking answers, reasons, and/or explanations to my many lived experiences, I understand and accept the diversity in beliefs, values, and functions in our amazing life. It is through this foundational understanding of “the human condition” that I have come to accept that there is no one solution for all. Every one of us is unique in how we function in this vast and diverse world of mystery and madness.

Holistic Health & Psychotherapy is a whole-person approach to wellness. When the many aspects of our person are in harmony, we tend to feel good, feel energized, and look forward to new and fortunate days and experiences.

Spiritual Coaching / Counseling is not necessarily religious or spiritually oriented. It is a focus on your person, your values and beliefs, and your internalized and personal stories. It is an opportunity to explore these mysterious and powerful places of the within. Spiritual Coaching / Counseling is the tool through which we can explore the true “you”; the you within, hence, the spiritual integration of whole-person care.

Throughout our sessions together, you are in charge of your goals and the pathways through which you can move to achieve these goals. As your Spiritual Coach / Counselor, my job is to support your journey and to encourage an authentic exploration of your deeper self. It is not my job to judge, change, or otherwise, attempt to change the way you navigate the world. Changes are your prerogative and privilege.

The primary tool that I engage to encourage our discourse is your spiritual autobiography. Exploring your spiritual story is a powerful tool designed to break through barriers or blockages, to shine light on the blind spots, and to build a strong foundation from where to emerge. It is the wisdom which arises through your personal/spiritual story that leads the way in our journey together.

You may contact me directly with any questions. Again, I would like to welcome you as you prepare to be Embrace(D) for Life!

*Ramona Christine*

**You may print, complete, and return this form in any of the following ways:**

- Email to: [ramona.christine@embracedforlife.com](mailto:ramona.christine@embracedforlife.com)
- Fax to: (720) 381-0390
- Bring to your in-take appointment / consultation

**Personal Information**

**\*\* All of your personal information is kept in strict confidentiality**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Preferred Email address(es) for personal contact:

\_\_\_\_\_

Birthdate: \_\_\_\_\_

Sex:            M        F        Other: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Check here to give permission to release personal information to the above name Emergency Contact. If left unchecked, no personal information will be shared with this person.

**Questionnaire**

\*\* You may use the back of this page if additional space is needed

**Religious and/or Spiritual Orienting System**

Do you have a religious or spiritual preference?                      Yes                      No

If your answer is "Yes", please share some of your core beliefs and values that are informed by this religious / spiritual orienting system. If your answer is "No", share some information as to what/which system(s) inform your beliefs and values.

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**What do you hope to gain from holistic psychotherapy / spiritual coaching services? Is there an immediate concern you are wanting to address?**

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**Have you ever worked with a Spiritual Coach or Holistic Psychotherapist? What was your experience? What helped you, what didn't?**

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**Do you have current or previous experience working with a Psychotherapist or mental health professional? Briefly share your experience.**

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**Are you currently under the care of a medical doctor?**

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**Please list any and all formal diagnosis/prognosis below (medical and/or mental):**

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**Are you currently taking any prescription medications or vitamin supplements?**

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**Do you have any allergies?**

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**Briefly share a personal story about your childhood that you believe influences you, as an adult (could be considered good or bad)**

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**Briefly talk about what you love about yourself – whether others understand, accept, or acknowledge it or not**

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**If you could change anything in your life right now, what would it be? Why?**

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**How do you feel about change?**

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**How would you define a Spiritual Autobiography?**

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**What is a topic you are most uncomfortable talking about?**

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**Briefly describe your overall physical, mental, emotional, and spiritual wellness.**

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**About You - Please share some information about yourself. Feel free to speak openly and honestly about yourself including your concerns or what you would like to accomplish during our time together.**

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**(Optional) Please describe, in your own words, what is a "moral compass" or a "moral violation"**

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**Do you agree or disagree with my motto that mind, body, and spirit are one? How would you describe, question, or doubt this core belief around the whole-person? Does it resonate with you or not? Please share some details below.**

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**What current self-care activities do you participate in? How do you nurture yourself throughout a day?**

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**What does your ideal life look like?**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Be sure to complete a Release of Information form for each of your medical doctors and/or previous mental health care providers if you would like for Ramona Christine to share / exchange information to create a treatment plan for your needs.

**For in-office use only, to be completed by Ramona Christine**

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Notes: