



## Client Intake Form

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Method of Communication:  Email  Phone Call  Text Message

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

### COACHING

What is leading you to pursue Resiliency Coaching or Soul Care?

Do you any previous experience with Resiliency/Life Coaching or Soul Care?  Yes  No

### GOALS

What do you most hope to accomplish through Resiliency Coaching or Soul Care?

How will your life be different if you make progress toward your Resiliency or Soul Care goals?

What do you imagine might happen if you do not work towards these goals?

What do you think it will take for you to make progress toward your goals?

What are you already doing to move toward your goals?

What things have hindered you and made it hard to grow or reach your goals?

Who in your life is most supportive? Is there anyone who might not be supportive of your growth?

## **LIFE EXPERIENCE**

On a scale of 1 – 10 (10 = HIGH), how would you currently rate the quality of your life?

On a scale of 1 – 10, (10 = HIGH), what is your current level of stress?

Where in your life do you feel most alive (love, joy, peace, hope)?

What is getting in the way of your experience of feeling most alive (love, joy, peace, hope)?

What has been your biggest success in your life thus far?

What is the most challenging obstacle you have had to overcome in your life?

What do you most value in your life right now?

What are some of your strengths and current assets in your life?

## **COACHING PREFERENCES**

What motivates you? What methods help you learn and grow most effectively?

Once you have chosen a course of action, do you tend to act quickly or take time to process?

What has helped you reach goals in the past?

What styles of support don't work for you or deter you from trying?

Are you open to forms of Christian practice within our coaching sessions?  Yes  No

If Yes, what faith practices have been most meaningful in the past?

Are you able to commit to homework exercises outside of our sessions?  Yes  No

Are you willing to journal and take assessments?  Yes  No

How can I best support you in your Resiliency or Soul Care growth and goal?

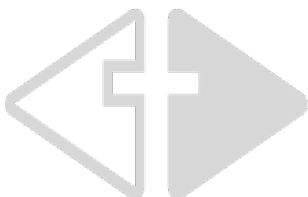
## **SUMMARY**

Do you have any other goals you have not mentioned (that might be intimidating or feel too big)?

Of the goals discussed, which do you feel is the most important for us to begin?

What would you like me to know about you that we have not already covered in this form?

Once completed, please "Save As" with your name, and email to [jimlewis1972@gmail.com](mailto:jimlewis1972@gmail.com).  
Or, you may print and bring a copy with you to an in-person session.



INTERNATIONAL  
**CHRISTIAN COACHING**  
ASSOCIATION