

Intentional Healing, LLC

Client Intake Form

Name: _____ Date: _____

Preferred Name: _____

Preferred Pronoun (she/her, he/him, they/them, other): _____

Phone: (____) _____ - _____ (mobile / home / work). Receive text: (yes / no)

Email Address: _____

Would you like to opt-in to my mailing list: (yes / no)

Address: _____

Mailing Address (if different): _____

Date of Birth: _____ Relationship Status: _____

Name of important people and pets in your life (significant other/partner, kids (with ages),
pets, parents, siblings, close friends, business partner, etc.): _____

Why are you considering working with a coach? How can I best support you? _____

Have you ever worked with a coach before? If yes, please explain your experience: _____

What three goals would you like to accomplish within the next three months?

1. _____

2. _____

3. _____

What's one major goal you'd like to accomplish within the next twelve months? _____

If any, what steps have you done towards these goals? What challenges have you had in reaching these goals? _____

What is something you are passionate about? _____

What are some of the problems/challenges you are currently facing? _____

How is your health/wellness? _____

What do you value most in your relationships? _____

Do you use the Dragontree Rituals for Living Dreambook and Planner? (yes / no)

If yes, for how long? _____ If no, what planner do you use? _____

What are your core values (if you know them)? _____

What are your top five gifts/strengths (if you know them)? _____

What is your life purpose (if you know it) and what does living your life purpose look like to you? _____

If you're not sure yet, what your life purpose is, what needs in the world are you moved to meet? _____

What is your occupation? Do you love it? _____

How well do your current roles fit or not fit with your purpose and natural strengths? _____

Tell me about your vision for your future? _____

How do you most want to feel? _____

Do you feel confident in your ability to create whatever you want in your life? _____

How is the quality of your sleep? How many hours of sleep do you get on average? _____

How do you feel about your body? _____

How would you rate your energy (without caffeine) on a scale of 0 to 10, where 0 means totally exhausted and 10 means full of energy? _____

Do you exercise regularly? (yes / no) If yes, how often? _____ (number of days a week)

What form(s) of exercise/movement do you do to move your body? _____

Do you meditate regularly? (yes / no) If yes, how often? _____ (number of days a week)

What form(s) of meditation do you find work for you? _____

What major changes have taken place in your life in the last year? _____

During your lifetime? _____

What do you most want to accomplish in this lifetime? _____

What do you consider your role to be in your local community? Online community? In the world? _____

What do you enjoy doing in your free time? _____

What do you believe in? _____

What do you do when you're really up against an obstacle, challenge, or barrier? _____

What has been your greatest challenge? _____

How did you deal with this challenge? _____

What would you like to do differently next time? _____

Of all the things you have done or accomplished in your life, what has given you the deepest sense of fulfillment? When have you been the proudest of yourself? _____

How do you feel about your connection with nature? _____

Rate your self-trust in each of these areas on a scale of 0-10 (where 0 means lack of self-trust and 10 means complete self-trust):

COMMUNICATION: How much do you trust yourself to tell the truth, say what needs to be said for healthy relationships, speak your boundaries, speak kindly, and express yourself authentically? _____

DEPENDABILITY: How much do you trust yourself to show up for friends and family, and to support them when they need it? _____

TIME MANAGEMENT: How much do you trust yourself to be on time, to stick to your schedule, and to plan appropriately? _____

FOLLOW THROUGH: How much do you trust yourself to follow through on your projects, in the timeframe intended, to completion? _____

FOCUS: How much do you trust yourself to stay focused on what you have chosen to work on and avoid indulging in distraction? _____

MONEY: How much do you trust yourself to stay conscious of what you have, to maintain a positive attitude around money, and to avoid taking on unnecessary debt? _____

HEALTH MAINTENANCE: How much do you trust yourself to treat your body and soul well, to get the care you need, and be kind to yourself? _____

NUTRITION: How much do you trust yourself to make good choices, to eat in a healthy manner, and stick to your agreements around eating? _____

WORK PERFORMANCE: How much do you trust yourself to honor the work you do, to do your best, and to show up authentically? _____

VALUES: How much do you trust yourself to live by your core values? _____

On a scale of 0-10 (where 0 means not at all and 10 means completely) how much do you think fear and/or resistance runs your life? _____ How about resentment? _____

What do you currently have the most fear (or resistance) around? _____

What do you currently have the most resentment towards or who are you holding the most resent towards? _____

If there was nothing holding you back, what would you do with your life? _____

What is your, "I can't because..."? Why are you having difficulty reaching your goal(s), living the life you desire, and/or following your dreams/passions? _____

What forms of creative expression do you engage in (painting, drawing, metalwork, writing, playing a musical instrument, acting, dancing, sewing, gardening, etc.)? _____

If you could envision your perfect day, what would it look like: What would you do? Who would be included? How would you feel when you woke up? How would you feel when you went to bed? Anything else? _____

Any additional questions or comments: _____

Please know that everything you share on this form and throughout our work together will be kept strictly confidential (see policies/agreements for more details).