



# New Client Intake Form

**To get the most out of our coaching relationship, please fill out the questionnaire. The information provided will remain confidential.**

## Personal Information

Name

Gender

DOB

Address

Email

Phone

Marital Status

Occupation

# of Children

Names and Ages of Children

How did you hear about us?



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## **Medical History**

**List any current and/or past health issues as well as medications you are currently taking.**

## **Psychiatric History**

**List any recent or past diagnosis of a mental health condition (i.e. Major Depression, ADHD).**

## **Trauma History**

**Describe any past traumatic experience(s) you believe has affected your life today. Please explain what you are comfortable sharing.**



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## **Question 1.**

**Is there a specific area of your life in which you need clarity?**

## **Question 2.**

**Which modality most appeals to you and are open to incorporate in our sessions? Human Design, Intuitive Oracle Reading, Positive Psychology, Solution-Focused Methods**

## **Question 3.**

**What is the #1 goal you hope to achieve through spiritual coaching?**

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**Question 4.**

**What is motivating you right now to accomplish this goal?**

**Question 5.**

**What are your personal strengths? Weaknesses?**

**Question 6.**

**Any additional information that you would like to mention?**