**NEW CLIENT INTAKE FORM**All information is confidential and will not be shared.

**Contact Information**

First Name Click or tap here to enter text. Last Name Click or tap here to enter text.

Email Click or tap here to enter text. Phone Click or tap here to enter text.

IG Handle Click or tap here to enter text. LinkedIn Handle Click or tap here to enter text.

Preferred Method of Contact: Call  Text  Email

**Health & Happiness Assessment**

How do you describe your physical health?   
Click or tap here to enter text.

How do you describe your emotional/mental health?   
Click or tap here to enter text.

How would you describe your spiritual health?   
Click or tap here to enter text.

How happy are you overall?  
Click or tap here to enter text.

What aspects of your life are working/bringing you joy (check all that apply)?

Home Environment  Intimate Relationships  Familial Relationships  Social Relationships

Career/Job  Growth/Education  Professional Relationships  Work/Life Balance

Physical Strength  Appearance/Weight  Cardiovascular Health  Stress Management

Spirituality  Connection w/Nature  Creative Expression/Play  Financial Security

**Focus Areas**

Describe Your Goals/What You’d Like to Work On Together  
Click or tap here to enter text.

What Have You Tried So Far? Where Are You Getting Stuck?  
Click or tap here to enter text.

Other Supportive People/Tools You Are Using to Assist (physicians, friends, software, etc.)  
Click or tap here to enter text.