**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.