

# Intake Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Payment Preference:

- ▶ Cash
- ▶ Check
- ▶ Credit Card:

Type of card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_

Account # \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Why are you here? What are your main challenges you would like to work on?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What are your short-term goals?

Describe where you want to be in 1 year:

Describe your ideal life 5 years from now:

How do you feel I can best help you? Check all that apply and circle your top 3 priorities.

- ▶ Brainstorming ideas
- ▶ Accountability partner
- ▶ Motivation
- ▶ Assist in self-awareness
- ▶ Helping you identify and overcome challenges
- ▶ Support and encouragement
- ▶ Designing detailed plans to reach your goals
- ▶ Other: \_\_\_\_\_