



Intake Form

NAME: _____ DATE: _____

1. What is the biggest challenge(s) you are facing in life right now?

2. What actions are you taking to move through this challenge (S)?

3. What has been working for you?

4. What do you feel are the biggest road blocks for you now?

5. Are you now or have you in the past sought help from anyone in the counseling (mental health or nutrition) profession?

6. If yes, what was or is your experience?
