

CLIENT INTAKE & INITIAL ASSESSMENT FORM

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Helping you move forward with greater clarity, connection, and intention.

Thank you for taking the time to complete this form. Your responses will help me better understand your needs, goals, and expectations so we can determine how to make our work together as meaningful and supportive as possible.

Please answer as openly as you feel comfortable. You do not need to have everything figured out before we begin. If a question does not apply to you, you may write "N/A."

PART 1: YOUR INFORMATION

Full Name: _____

Preferred Name: _____

Email Address: _____

Phone Number: _____

Preferred Method of Contact:

☐ Email ☐ Phone ☐ Text

Date of Birth (optional, if relevant to the service): _____

How did you hear about my services?

☐ Website

☐ Referral

☐ Social media

☐ Other: _____

PART 2: THE SERVICE YOU ARE SEEKING

Which service are you interested in?

☐ The Next Chapter Coaching

☐ Bengston Energy Healing Method

☐ Brainspotting

☐ I am not sure yet and would like guidance in choosing.

What prompted you to reach out at this time?

What would you most like support with right now?

PART 3: YOUR GOALS AND EXPECTATIONS

1. What would you most like to gain from our work together?

2. If our work together were helpful, what might be different in your life?

3. What have you already tried or explored to address these concerns or reach these goals?

4. What has been helpful so far? What has not felt helpful or sustainable?

5. Is there anything you feel I should understand about your current circumstances before we begin?

PART 4: YOUR CURRENT LIFE CIRCUMSTANCES

Complete the questions that feel relevant to your goals and the service you are seeking.

1. Which areas of your life feel most important to focus on right now?

- ☐ Identity, purpose, or a sense of direction
- ☐ Midlife changes or changing roles
- ☐ Relationships or family dynamics
- ☐ Career, work, or financial direction
- ☐ Stress, overwhelm, or difficulty slowing down
- ☐ Emotional well-being

- ☐ Personal growth and self-understanding
- ☐ Grief, loss, or significant life changes
- ☐ Physical well-being or relaxation
- ☐ Other: _____

2. How would you describe your current level of stress or overwhelm?

- ☐ Low
- ☐ Manageable
- ☐ Moderate
- ☐ High
- ☐ Overwhelming at times

3. What feels most challenging for you at this point in your life?

4. What strengths, resources, or supportive relationships do you currently have in your life?

5. Is there anything you feel ready to change, release, explore, or make more room for?

PART 5: SERVICE-SPECIFIC QUESTIONS

Please complete only the section that corresponds to the service you are seeking.

A. The Next Chapter Coaching

1. What changes or transitions are you navigating in your life right now?

2. Do you feel you have a clear sense of who you are and what you want in this next chapter?

- ☐ Yes, generally
- ☐ Somewhat, but I feel uncertain
- ☐ Not really; I am trying to figure that out
- ☐ I feel disconnected from myself or what matters to me

3. What would you most like to reconnect with?

- ☐ My identity beyond my roles and responsibilities
- ☐ My interests, desires, and passions
- ☐ My values and priorities
- ☐ My confidence and trust in myself
- ☐ A sense of purpose or direction
- ☐ My energy and motivation
- ☐ Something else: _____

4. What do you feel has been holding you back?

5. What kind of support helps you most?

- ☐ Gentle reflection and encouragement
- ☐ Practical strategies and clear action steps
- ☐ Help identifying patterns and limiting beliefs
- ☐ Accountability and follow-through
- ☐ A combination of these

6. Is there anything else you would like me to know about what you hope to accomplish through coaching?

B. Bengston Energy Healing Method

1. What interests you about this approach?

2. What are your intentions for receiving a session?

3. Have you received energy-based or other complementary services before?

- ☐ Yes
- ☐ No

If yes, which approaches have you experienced, and how was the experience for you?

4. Is there anything you would like me to know to help you feel comfortable during a session?

5. What questions or expectations do you have about the session?

Please do not use this form to request a medical diagnosis or treatment plan. This service does not replace medical care, and you should continue to work with your health care providers regarding health concerns.

C. Brainspotting

1. What brings you to consider Brainspotting at this time?

2. What would you most like support with?

- ☐ Stress or feeling overwhelmed
- ☐ Emotional experiences that feel difficult to process
- ☐ Grief or a significant life change
- ☐ A recurring emotional or behavioral pattern
- ☐ Greater self-awareness
- ☐ Another concern: _____

3. Have you previously participated in Brainspotting or another structured approach to emotional processing?

- ☐ Yes
- ☐ No

If yes, you may briefly describe your experience:

4. When difficult emotions arise, what tends to help you feel grounded or supported?

5. Is there anything you would like me to know about your preferences, boundaries, or concerns before a session?

You do not need to disclose detailed or potentially distressing memories in this intake form. We can discuss relevant information at an appropriate pace if the service is suitable for you.

PART 6: WELL-BEING AND SUPPORT

These questions help identify considerations relevant to the service you are seeking. Please share only information that is relevant to your care and comfort.

1. Is there anything affecting your current well-being that you would like me to be aware of?

2. Are you currently working with a licensed health care or mental health professional for concerns related to the service you are seeking?

☐ Yes

☐ No

☐ Prefer not to answer

If relevant, is there anything about your existing support that you would like me to understand?

3. Are there any accommodations, communication preferences, or boundaries that would help you feel comfortable during our sessions?

4. Is there anything that may make certain exercises, physical contact, guided attention, or emotionally focused work uncomfortable for you?

5. Is there anything else relevant to your safety or comfort that you would like to share?

PART 7: PRACTICAL DETAILS

1. What is your preferred session format?

☐ In person, if available

☐ Video session

☐ Telephone session, if available

☐ No preference

2. What days or times generally work best for you?

3. What questions do you have about the service, process, or working together?

4. Is there anything else you would like me to know before our first session?

PART 8: CLIENT ACKNOWLEDGMENT

Please check each box to acknowledge the following:

- ☐ I have provided information to the best of my ability and understand that I may ask questions or clarify my responses.
- ☐ I understand that completing this form does not guarantee acceptance into a service or establish a professional treatment relationship.
- ☐ I understand that the services offered have specific purposes and limitations and are not substitutes for appropriate licensed health care.
- ☐ I understand that I may choose what information to share and may ask questions about how my information is used and protected.
- ☐ I understand that I will be asked to review and sign the applicable Informed Consent and Disclosure Agreement before beginning services.

Client Signature: _____

Date: _____

Thank you for completing this form. I appreciate the opportunity to learn more about you and what you hope to achieve. We will review the information relevant to your selected service and discuss any questions before deciding on next steps.

Nicole Nenninger

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