

Client Intake Form

Thank you for choosing to work together. These questions help me get a sense of you before we meet. Answer as much or as little as feels right. Anything you leave blank we can talk about in session, or not at all. There are no right or wrong answers.

1 CONTACT INFORMATION

Full name _____ Preferred name _____
Pronouns (optional) _____ Phone _____
Email _____ City & state _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

2 WHAT BRINGS YOU HERE

What drew you to Organic Intelligence coaching at this time?

If our work together goes well, what would feel different in your life six months from now?

3 WHAT SUPPORTS YOU

What helps you feel grounded, safe, or settled?

Who are the people you feel most supported by?

What brings you joy, or helps you feel most like yourself?

4 WHAT YOU'RE WORKING WITH NOW

Check any that apply.

- | | | |
|---|--|--|
| ☐ Stress | ☐ Difficulty relaxing | ☐ Grief or loss |
| ☐ Anxiety | ☐ Chronic pain or tension | ☐ Relationship challenges |
| ☐ Feeling overwhelmed | ☐ Difficulty sleeping | ☐ Life transitions |
| ☐ Burnout | ☐ Low energy or fatigue | ☐ Self-criticism |
| ☐ Emotional reactivity | ☐ Feeling disconnected | ☐ Other: _____ |

Anything you'd like me to know about these? (optional)

5 HEALTH & OTHER SUPPORT

Are you currently working with a therapist, counselor, doctor, or other healthcare provider?

☐ Yes ☐ No If yes, who? _____

Is there anything about your health, or about past support you've had (therapy, bodywork, other coaching), that you'd like me to know?

6 FEELING SAFE IN OUR WORK

Is there anything that helps you feel especially safe or at ease in a session?

Is there anything you hope I never assume about you?

7 CLOSING

How did you hear about my work? _____

Anything else you'd like to share before we begin?

Thank you. I look forward to meeting you.

Informed Consent & Agreement

Please read the following carefully. It outlines the nature of our work together and the agreements that help create a safe, respectful, and supportive coaching relationship.

NATURE OF COACHING

Organic Intelligence coaching is an educational and experiential process that supports your nervous system regulation, self-awareness, resilience, and personal growth.

Coaching is not psychotherapy, counseling, medical care, or a substitute for licensed mental health treatment. I do not diagnose, treat, or cure medical or psychological conditions.

CONFIDENTIALITY

What you share in our sessions is confidential and will not be disclosed without your written permission, except as required by law or when there is concern about imminent risk of serious harm to yourself or another person.

CLIENT RESPONSIBILITY

You are the expert of your own experience. You are responsible for your own decisions and actions. You may pause or stop any exercise or process at any time. You are encouraged to communicate openly if something feels uncomfortable.

SESSION EXPECTATIONS

Sessions are designed to support your capacity and move at a pace that feels resourcing and appropriate for you. We will work collaboratively, following your lead while gently expanding your window of tolerance.

CANCELLATION & PAYMENT

Your appointment time is reserved especially for you. **Cancellations require 24 hours' notice, or the full session fee will be charged.**

Exceptions may be made in the case of genuine emergencies at the coach's discretion.

Payment by cash, check, credit card, or Venmo is due in full at each session.

LIMITS OF COACHING

Coaching is not an emergency service. If you are experiencing a mental health crisis or medical emergency, please contact your physician, call 911, or go to your nearest emergency department.

By signing below, I acknowledge that I have read, understood, and agree to the information above. I voluntarily choose to participate in coaching services.

Client name (printed) _____

Date _____

Client signature _____

Date _____

Coach signature _____

Date _____