



Client Intake Form

Name	
Address	
Phone	
E-mail	
Date of Birth	
Spouse/Partner name, if applicable	
Children's names and ages, if applicable	
Profession and, if retired, what was your profession	
Emergency Contact Name and Number	

1. What are your three most resourceful personal strengths or characteristics?
2. When we complete our mentoring, how will you know it has been successful for you?
3. What outcomes would you like to accomplish through mentoring?
4. What is your primary goal in meeting for mentoring?

5. What are your current limitations in achieving your desired goals?

6. Who are the supports in your personal or professional life that can help you accomplish your goals?

7. What skills would help you move towards your desired outcomes?

8. Any medical conditions and/or medications you are taking that I should know about that could impact our work together?