BU2BFULL™
you are enough
Hypnosis and Coaching

# Client Intake Form

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|---|---|
| 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?