

Grace Labyrinth, LLC
Spiritual Coaching Client Intake Form

First Name _____ Last Name _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Date of Birth _____

Emergency Contact _____

Emergency Contact Phone Number _____

How did you hear about Grace Labyrinth Wellness Center?

___ Family/friend/colleague ___ Web search ___ Healthcare Professional Other _____

If referred, by whom? _____

Are you currently under the care of a mental health care professional? Yes ___ No ___

If yes, mental health care professional's name and phone number

Have you ever had spiritual coaching before? Yes ___ No ___

If yes, how was your experience? _____

What is your primary reason for spiritual coaching?

Has there been previous attempts to address this reason? Yes ___ No ___

If yes, what were the results? _____

What changes would you like to make over the next 3 months?

What changes would you like to make over the next 12 months?

What does the word "fulfillment" mean to you?

If you had a secret desire in your life, how would you describe it?

If you feel comfortable, please share your spiritual and/or religious affiliation (God, Universe, Mother Earth, Spirit Guides, Angels, etc.).

What suggestions would you give to your Spiritual Coach in order for her to guide you the best way possible, assuming you had full trust in your Spiritual Coach?

What do you expect to achieve in your life as a result of entering into a spiritual coaching relationship with Maura Kirby as your Spiritual Coach?

Please share anything else you would like Maura Kirby to know about as your Spiritual Coach.

Please sign below to certify that the information you provided above is true and accurate.

Client Signature

Date