

# Client Intake Snapshot

*Foundations-Level Understanding • Not a Clinical Assessment*

CLIENT RESOURCE

NAME (OPTIONAL)

DATE

## 1 Where You Are Right Now

What feels hardest right now?

- Managing daily energy / fatigue
- Emotional overwhelm or stress
- Body symptoms I don't understand
- Feeling stuck or unclear about next steps
- Relationship or family challenges
- Something else: \_\_\_\_\_

What feels stable or supportive right now?

- I have a supportive person in my life
- I have some routines that help me
- I'm working with other professionals (doctor, therapist, etc.)
- I have time/space for self-care
- Nothing feels stable right now

## 2 Support & Understanding

Current level of support you have:

Very little

1    2    3    4    5

Well supported

What feels confusing or overwhelming?

Write or share what comes up...

What kind of support are you looking for?

- Information and education
- Someone to listen and understand
- Help organizing my thoughts
- Guidance on next steps
- I'm not sure yet