



# 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

## 3 Anything Else?

Is there anything else you'd like to share?

*This is a space for anything that feels important...*

 **Note:** This snapshot is for educational support purposes only. It is not a clinical assessment, diagnosis, or intake form for therapy or medical treatment. If you are experiencing a crisis or need professional care, please reach out to an appropriate licensed provider.

