

# 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