LaZoe

SPIRIT-LED COACHING

CLIENT INTAKE FORM

Choose Life - Deuteronomy 30:19

Welcome. Thank you for choosing LaZoe Spirit-Led Coaching. Your honest responses will help create a focused, prayerful, and supportive coaching experience. Please complete each item; write "N/A" when a question does not apply. Your information will be handled according to the confidentiality and coaching boundaries described in this form.

CLIENT INFORMATION

Full legal name _____

Preferred name	**Date of birth**
Pronouns (optional)	**Date**
Phone	**Email**
Address	**City / State / ZIP**

Preferred contact method

[ ] Phone [ ] Text [ ] Email [ ] Video call

Emergency contact

Name / relationship _____

Phone _____

BACKGROUND

Marital / relationship status	**Spouse or partner (if applicable)**
Children / dependents	**Occupation / work role**
Education / training	**Church / faith community (optional)**

YOUR COACHING FOCUS | *Where are you now?*

What prompted you to seek coaching at this time?

_____

_____

_____

_____

Which areas would you like to address?

[ ] Spiritual growth	[ ] Calling and purpose	[ ] Obedience / next steps
[ ] Confidence / identity	[ ] Fear / self-doubt	[ ] Leadership / ministry
[ ] Career / business	[ ] Relationships / boundaries	[ ] Time / priorities
[ ] Health / wellness habits	[ ] Life transition	[ ] Other: _____

Where do you sense the Lord is putting His finger on your life or situation right now?

_____

_____

_____

_____

What would you most like to be different three months from now?

_____

_____

_____

_____

What have you already tried? What helped, and what did not?

_____

_____

_____

_____

What are three strengths, gifts, or resources you bring to this process?

1. _____
2. _____
3. _____

What are three accomplishments you are most grateful for?

1. _____
2. _____
3. _____

FAITH, CALLING & DISCERNMENT | *Spirit-led reflection*

How would you describe your current relationship with God?

_____

_____

_____

_____

What spiritual practices currently support you?

[ ] Prayer [ ] Bible study [ ] Worship

[ ] Journaling [ ] Fasting [ ] Church fellowship

[ ] Mentoring / discipleship [ ] Silence / reflection [ ] Other: _____

Is there a Scripture, promise, prayer, or spiritual theme connected to this season?

_____

_____

_____

_____

What do you believe God may be inviting you to say "yes" to?

_____

_____

_____

_____

What fears, beliefs, obligations, or patterns may be making obedience difficult?

_____

_____

_____

_____

How do you usually discern God's direction?

_____

_____

_____

Prayer during sessions

[ ] Yes, I welcome prayer [ ] Please ask each time [ ] No prayer during sessions

Use of Scripture and Christian spiritual reflection

[ ] Yes, welcome [ ] Use selectively [ ] Please discuss with me first

Topics, traditions, or spiritual practices you want your coach to honor or avoid:

_____

_____

_____

WHOLE-PERSON WELLNESS | *Support, stress, and safety*

Please rate each area today (1 = needs significant attention; 10 = thriving).

Life area	Rating (1-10) / brief note
Spiritual well-being	_____ _____
Emotional well-being	_____ _____
Physical well-being	_____ _____
Relationships	_____ _____
Work / vocation	_____ _____
Finances	_____ _____
Rest / recreation	_____ _____
Confidence / self-trust	_____ _____

Current stress level (1 = very low; 10 = extremely high): _____

Which concerns are affecting you now?

[ ] Fatigue / low energy
[ ] Sleep difficulty
[ ] Feeling overwhelmed
[ ] Anxiety / worry
[ ] Grief / loss
[ ] Decision fatigue
[ ] Burnout
[ ] Relationship conflict
[ ] Work stress
[ ] Financial stress
[ ] Difficulty setting boundaries
[ ] Other: _____

How are these concerns affecting your daily life, relationships, work, ministry, or goals?

_____
_____
_____
_____

What support systems are available to you?

_____
_____
_____

Are you currently working with a licensed mental-health or medical professional?

[ ] No
[ ] Yes
[ ] Prefer to discuss privately

If yes, what would be helpful for your coach to know? (Do not include details you do not wish to share.)

_____
_____

Safety note: Coaching is not emergency or crisis care. If you may harm yourself or someone else, call 911 or 988 in the United States, or contact your local emergency service immediately.

READINESS & COACHING PREFERENCES | *How we will work together*

Have you worked with a coach before?

[ ] No [ ] Yes - helpful [ ] Yes - mixed experience

What worked well, and what would you want to be different this time?

_____

_____

_____

_____

How do you prefer to be supported when you face a challenge?

[ ] Compassionate listening [ ] Prayerful reflection [ ] Direct questions

[ ] Practical strategy [ ] Accountability [ ] Encouragement

[ ] Challenge my assumptions [ ] Written action steps [ ] Space to process

[ ] Other: _____

How direct would you like your coach to be?

[ ] Gentle and exploratory [ ] Balanced [ ] Very direct and challenging

What may interfere with your progress?

[ ] Time constraints [ ] Fear / self-doubt [ ] Perfectionism

[ ] Overcommitment [ ] Lack of support [ ] Finances

[ ] Health demands [ ] Unclear priorities [ ] Procrastination

[ ] Other: _____

Who can support you and celebrate your progress?

_____

_____

_____

What does accountability look like for you?

_____

_____

_____

On a scale of 1-10, how ready are you to make meaningful change? _____

Why did you choose that number, and what would move it one point higher?

_____

_____

_____

Anything else you want your coach to understand about you?

_____

_____

_____

COACHING GOALS | *Clarity, measures, and first steps*

Choose up to three goals for this coaching season. Make them meaningful, specific, and observable.

GOAL 1

Goal statement

_____

_____

Why this matters	**Evidence I am making progress**
First faithful step	**Target date**
Possible obstacle	**Support / resource needed**

GOAL 2

Goal statement

_____

_____

Why this matters	**Evidence I am making progress**
First faithful step	**Target date**
Possible obstacle	**Support / resource needed**

GOAL 3

Goal statement

_____

_____

Why this matters	**Evidence I am making progress**
First faithful step	**Target date**
Possible obstacle	**Support / resource needed**

SPIRIT-LED ACTION PLAN | *From insight to obedience*

My primary focus for the next 30 days:

_____

_____

_____

The truth or Scripture I will return to:

_____

_____

_____

The habit I will begin or strengthen:

_____

_____

_____

The habit, distraction, or agreement I need to release:

_____

_____

_____

The courageous conversation or decision I need to make:

_____

_____

_____

My first action within 72 hours:

_____

_____

_____

Weekly Commitment Tracker

Week	Faithful action	Due	Completed	What I learned
1			[ ]	
2			[ ]	
3			[ ]	
4			[ ]	

Prayer / declaration for this season:

_____

_____

_____

COACHING AGREEMENT & INFORMED CONSENT | *Please read carefully*

Nature of coaching: LaZoe Spirit-Led Coaching is a collaborative, forward-focused process that supports awareness, discernment, goal setting, personal responsibility, and action. Christian prayer, Scripture, and spiritual reflection may be included only according to the preferences you selected. The coach does not claim to speak for God or make decisions for you. You remain responsible for testing counsel, exercising discernment, and choosing your actions.

Not therapy, medical care, legal advice, or pastoral authority: Coaching is not psychotherapy, counseling, diagnosis, medical treatment, legal or financial advice, crisis care, or a substitute for licensed professional services. Coaching does not create a clinician-patient, attorney-client, or clergy-parishioner relationship. If needs arise outside the scope of coaching, the coach may recommend an appropriate licensed or pastoral resource.

Client responsibility: The client agrees to participate honestly, communicate concerns, complete agreed actions when possible, and accept responsibility for decisions and outcomes. Results cannot be guaranteed. Spiritual language, prayer, or Scripture does not remove the client's responsibility to evaluate choices carefully.

Confidentiality and its limits: Coaching communications will be treated as private and will not be voluntarily disclosed without written permission, except when disclosure is required by law, when there is a credible concern of imminent harm, suspected abuse or neglect that must be reported, or when necessary to collect unpaid fees or defend a legal claim. Coaching confidentiality may not have the same legal privilege as psychotherapy or legal counsel.

Records and technology: The coach may keep brief session notes and use agreed phone, email, video, or scheduling systems. Electronic communication carries privacy risks. The client agrees not to record sessions unless both parties give written consent.

Scheduling, fees, and cancellations: Session length, package, fees, payment due dates, cancellation period, and late-arrival terms will be stated in the selected coaching package or written service agreement. Unless otherwise agreed in writing, fees are paid before sessions. Missed or late-cancelled sessions may be charged according to that agreement.

Ending coaching: Either the client or coach may end the coaching relationship by written notice. Fees already earned or amounts already due remain payable. Any refund for unused prepaid sessions will follow the written package terms.

Emergency care: LaZoe Spirit-Led Coaching does not provide emergency services. In a life-threatening emergency, call 911. In the United States, call or text 988 for the Suicide & Crisis Lifeline. Outside the United States, contact local emergency or crisis services.

CONSENT, PREFERENCES & SIGNATURES | *Your agreement*

Please initial each statement:

Initials: _____ I understand what coaching is and is not, and I have had the opportunity to ask questions.

Initials: _____ I understand that I am responsible for my decisions, actions, and results.

Initials: _____ I understand the confidentiality practices and legal/safety exceptions described in this form.

Initials: _____ I understand the scheduling, fee, cancellation, and termination terms will be confirmed in writing.

Initials: _____ I understand that coaching is not emergency, mental-health, medical, legal, or financial care.

Initials: _____ I consent to participate voluntarily in LaZoe Spirit-Led Coaching.

Faith-based coaching preferences

[ ] Prayer is welcome

[ ] Scripture is welcome

[ ] I prefer non-directive spiritual reflection

[ ] Ask before praying

[ ] Use spiritual content selectively

Permission to contact emergency support

If the coach reasonably believes there is an urgent safety concern, I authorize contact with emergency services and/or the emergency contact named in this form when appropriate and permitted by law.

[ ] I acknowledge this statement

Optional testimonial / marketing consent

No testimonial, photograph, recording, or identifying story may be used without separate written permission. Signing this intake form does not grant marketing consent.

Client printed name	**Coach printed name**
Client signature	**Coach signature**
Date	**Date**
Preferred session format	**Package / session terms**

Thank you for choosing LaZoe Spirit-Led Coaching.
May this coaching season bring clarity, courage, faithful action, and life-giving transformation.