# The Healing Her Studio.

## Client Intake form

A sacred place to understand your story,Your Needs,And your healing goals.

## 1.Personal information

- Full Name:
- Preferred Name:
- Pronous:
- Age:
- Email:
- phone number:
- Location(City/State)

## 2.What Brings You Here?

In your own words,What made you seek support at this time?

## What Feels most heavy for you right now?

(Check all that apply)

- [ ] Relationship confusion
- [ ] Low self-worth
- [ ] Attachtment/Abandonment wounds
- [ ] Difficulty setting boundaries
- [ ] Emotional overwhelm
- [ ] Healing from past relationships
- [ ] Childhood Emotional Wounds.

## 3.Relationship+Emotional Patterns

Which patterns feel familiar in your relationships.?

- [ ] Losing myself in relationships
- [ ] Choosing emotionally unavailable partners
- [ ] Staying too long in unhealthy dynamics
- [ ] Fear of being alone

- [ ] Overthinking or anxiety in relationships
- [ ] Difficulty trusting my judgement
- [ ] Other?.

1.

Describe your current or most recent relationship dynamic(If applicable)

## 4.Self-worth&Inner world

How would you describe your relationship with yourself right now?

Which Statements feel true for you?

- [ ] I struggle to prioritze myself
- [ ] I often question my worth
- [ ] I feel strong sometimes, but easily lose confidence
- [ ] I am actively trying to heal and grow
- [ ] I feel disconnected from my emotional needs

## 5.Healing Goals

What do you want to experince after working with The Healing Her Studio?

What does “Healing” look like to you personally?

Which areas feel most important to focus on (Rank if possible)

- Self-worth
- Boundaries
- relationship clairty
- inner child healing
- emotional regulation
- breaking toxic cycles

## 6.Emotional safety&Readiness

On a scale 1-10 how emotionally ready do you feel to do deep inner work right now?

(1=Not ready,10=fully ready)

What support do you need to feel safe during this process?

## 7.Personal history

Is there anything from your past (Childhood,Relationships,experiences) That feels most important for me to understand?

## 8. Boundaries&Expectations

What are you hoping this space provides for you?

What do you need from a coach/guide to feel supported?

## 9.Consent & Agreement

- ☐ I understand this is a coaching/healing support space and not a replacement for medical or clinical therapy.
- ☐ I agree to be honest and open to the best of my ability.
- ☐ I understand my growth depends on my participation and willingness to reflect.

Signature:

Date:

# Closing Reflection: One word that represents what you want to step into next: