The Regulated Mother Strategy Session

Client Intake Form

Thank you for booking your strategy session. This form helps me understand your current season of life so we can make the most of our time together.

Please answer as honestly as you can. There are no right or wrong answers.

Contact Information

Full Name:

Email Address:

Phone Number:

About You

How old are you?

What best describes your current season of life?

- ☐ Stay-at-home mother
- ☐ Working professional
- ☐ Business owner/Entrepreneur
- ☐ Returning to work
- ☐ Other: _____

How many children do you have, and what are their ages?

Your Current Experience

What prompted you to schedule this session?

What are the biggest challenges you're currently facing? (Select all that apply.)

- ☐ Chronic stress
- ☐ Feeling overwhelmed
- ☐ Low energy or fatigue
- ☐ Difficulty managing responsibilities
- ☐ Trouble sleeping
- ☐ Feeling emotionally disconnected
- ☐ Difficulty making time for myself
- ☐ Maintaining healthy habits
- ☐ Balancing motherhood and career
- ☐ Feeling stuck
- ☐ Other: _____

If you could change one thing about your current situation, what would it be?

Your Wellbeing

On a scale of 1–10, how would you rate your current energy level?
(1 = Completely depleted, 10 = Energized and thriving)

On a scale of 1–10, how overwhelmed do you currently feel?
(1 = Calm and grounded, 10 = Constantly overwhelmed)

How would you describe your relationship with stress right now?

What healthy habits are already part of your life?
(Check all that apply.)

- ☐ Regular movement
- ☐ Balanced meals
- ☐ Mindfulness or meditation
- ☐ Journaling
- ☐ Time outdoors
- ☐ Herbal wellness practices
- ☐ Therapy

- ☐ None consistently
- ☐ Other: _____

Your Goals

What would feeling healthier and more supported look like for you six months from now?

What do you hope to gain from our strategy session?

Coaching Readiness

Have you worked with a coach, therapist, or wellness professional before?

- ☐ Yes
- ☐ No

If yes, what was most helpful?

If we determine we're a good fit to work together, are you open to learning about additional coaching support?

- ☐ Yes
- ☐ Maybe
- ☐ No, I'm only interested in today's session

Please acknowledge the following by checking each box:

☐ I understand this service is educational coaching and is not medical care, mental health counseling, psychotherapy, nutrition therapy, or any other licensed healthcare service.

☐ I understand no diagnosis, treatment, prescription, or medical advice will be provided during this session.

☐ I understand I should consult my physician or other qualified healthcare provider regarding any medical concerns, symptoms, diagnoses, medications, supplements, or herbal products.

☐ **I understand that any discussion of nutrition, herbs, or lifestyle practices is provided for educational purposes only and that I am responsible for my own health decisions.**

☐ **I understand results cannot be guaranteed and that my progress depends on many individual factors, including my own participation and implementation.**

☐ **I understand that this coaching relationship may not be appropriate for individuals experiencing a medical emergency or requiring mental health treatment.**

☐ **I consent to participate voluntarily in coaching services.**

Important Information

This strategy session provides educational coaching focused on nervous system regulation, lifestyle practices, nutrition literacy, and herbal wellness education. It is not medical care, mental health treatment, or a substitute for advice from your physician or other licensed healthcare provider.

Disclaimer: I am not a licensed medical doctor, physician, or other healthcare provider, and I do not have a doctoral degree. The information and services I provide are based on traditional herbal practices and are intended for educational purposes only. I do not diagnose, treat, cure, or prevent any disease or medical condition. I do not prescribe medication or perform medical treatments. Always consult with a licensed healthcare provider before beginning any new health regimen, especially if you have a medical condition, are pregnant, or are taking prescription medications.

By submitting this form, you acknowledge that you understand the educational nature of this coaching service.

Signature (typed name):

Date: