Kairos Pathways

Helping you through life's defining moments.

Client Intake Form

Section 1: Personal & Contact Information

Full Name: Gender: ◉ Male ○ Female ○ Other:

Preferred Name: Pronouns:

Date of Birth: (*YYYY-MM-DD*)

Phone Number: Cell Phone:

Email Address:

(***Your Email Address will be used as your UserID and for 2-Step Verification***)

Mailing Address:

Emergency Contact Information:

Full Name: Relation:

Phone Number: Cell Phone:

Section 2: Life Snapshot

Please briefly describe the current "season of your life" or "transition" you are navigating:

What are 2–4 key areas of your life that feel out of balance, misaligned, or uncertain?

1.

2.

3.

4.

What are 2–4 areas that feel strong, rooted, or are meaningful to you?

1.

2.

3.

4.

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Section 3: Emotional, Physical, and Spiritual Wellbeing Checklist

On a scale of 1–10, how would you rate the following areas right now? (1 = Struggling, 10 = Thriving)

If an option isn't applicable, or you don't prefer to answer, please enter the value of 0.

Emotional Wellbeing		
Stress Management	Ability to cope with daily stress effectively and bounce back from it	1 /10
Emotional Stability	Feeling emotionally steady and in control of my emotions	1 /10
Self-Esteem	Feeling confident and having a positive self-image	1 /10
Support System	Strength and availability of emotional support from others	1 /10
Life Satisfaction	Overall contentment with personal life	1 /10
Sense of Purpose	Feeling your life has meaning and direction	1 /10
Physical Wellbeing		
Sleep Quality	Feeling rested and refreshed after sleep	1 /10
Physical Fitness	Strength, flexibility, and stamina	1 /10
Nutrition and Energy	Eating a balanced diet and having enough energy for daily tasks	1 /10
Pain Management	Freedom from or ability to manage physical pain	1 /10
Substance Use	Healthy control over or abstinence from harmful substances	1 /10
Immune Health	Frequency of illness and how well your body fights off infections	1 /10
Spiritual Wellbeing		
Alignment /w Values	Living in accordance with your core beliefs	1 /10
Spiritual Connections	Sense of relationship with a higher power and engaged in spiritual disciplines	1 /10
Mindfulness	Ability to stay present and appreciate the moment.	1 /10
Forgiveness & Release	Ability to let go of grudges, resentment, or guilt	1 /10
Sense of Belonging	Feeling connected to something bigger or a deeper existential harmony	1 /10

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Section 4: Emotional, Physical, and Spiritual Challenges

Briefly describe any challenges or concerns in these areas:

Are you currently seeing a therapist, counsellor, or medical provider for any reason? ◉ No ○ Yes
If yes, please describe briefly:

Do you have any accessibility needs (hearing, vision, mobility, etc.) that we should be aware of to best support you? If yes, please explain:

Section 5: Life Map & Purpose Inventory
(Exploring your story, themes, and calling)

This exercise helps you look back at your life story, recognize turning points, and begin to notice themes that point toward your unique path.

Part 1: Life Map

List 3–5 **formative experiences** (positive or difficult) that shaped you:

1.

2.

3.

4.

5.

What lessons or strengths did you carry out of those moments?

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Part 2: Values & Themes

What values have guided you in life (e.g., compassion, truth, service, creativity)?

Are there repeating themes in your story (e.g., helping others, resilience, leadership, care)?

Part 3: Purpose Inventory

What activities make you feel most alive?

When do you feel most connected to your "True-Image" – the best and most authentic version of yourself?

If you could dedicate yourself to something meaningful for the next season of life, what would it be?

Part 4: Closing Reflection:

Based on your answers, complete this sentence:
"My life points toward…"

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Section 6: Life Transitions, Purpose, and Calling

What major life transitions (recent or past) are shaping you right now?

What does “purpose” or “calling” mean to you — if anything?

Are there past experiences (personal, relational, spiritual) that you feel are asking to be healed or integrated in this season of your life?

Section 7: Coaching Goals and Expectations

What motivated you to begin coaching with Kairos Pathways?

What are 2–5 specific things you hope to gain, change, or clarify through this work?

1.
2.
3.
4.
5.

How do you best learn or process? (Check all that apply)

- ☐ Talking things out
- ☐ Journaling or writing
- ☐ Visual/creative tools
- ☐ Guided meditations or inner work
- ☐ Body-based or somatic practices
- ☐ Quiet reflection or contemplation

I prefer to work with a: ◉ Doesn’t Matter ○ Male ○ Female

Spiritually speaking, I see myself as being:

◉ Prefer not to say ○ Spiritual ○ Faith-based ○ Agnostic ○ Athiest

I prefer the virtual sessions to be done by: ◉ Zoom ○ Google Meet

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Section 8: Instructions on how to start your journey

When completed, please save the file as it is so that we can receive it as an editable PDF. Once saved, please email the saved form to contact@kairospathways.com.

Filling out this form does not constitute a commitment to work with Kairos Pathways. It only expresses a desire to consider the possibility of working with us. Once we receive this filled out document, we'll respond to the Email Address, which you gave at the beginning of the form, with a temporary UserID and Password.

You can use your temporary UserID and Password to login and schedule your Kairos Exploration session, which will be the **Free 30-Minute Kairos Exploration session**. We look forward to meeting with you either on Zoom or WhereBy.

Sincerely,

Kairos Pathways Team