

-Kayse Budd, MD-Mentorship Program I and II www.kaysebudd.com



Intake Form:

Name:	Date of birth:
Date of first session:	Date of birth:
Address:	
City, State, Zip:	cell:
Fmail:	Cell
Current Employment:	
Position Title:	
Education:	
Degree(s):	vorkshops, self-study, etc.):
Notable educational studies (w	/orkshops, self-study, etc.):
Goals for mentorship:	
Personal strengths:	
Personal or educational weakn	esses (that you know of):
3 fun facts about yourself:	
Have you experienced coach experience—how was it helpfu	ning, or mentorship before (if yes, what was your l/not helpful)?:
Any current health or persona may be relevant?:	al struggles you would like me to know about or that
What is your current health	n and wellness routine? (Include supplements/etc.):
Is it working? (Do you feel god	od/healthy/balanced?):
If not, what would you like to	change?:
If you are a practicing physici practice like?	ian, therapist, PA, NP, or coach, what is your current
Do you feel fulfilled/aligned wi Is it more stress or challenge th	ith your gifts/balanced in your professional expression? han fun, in other words? Or a good mix of both?:
,	change?:
What drew you to pursue men	torship with me? And at this time?:

Optional (if you want to use your own health as a teaching tool): Are you taking any medications or supplement? Any notable significant past medical illnesses/surgeries:
Describe your current diet:
Describe your spirituality and/or mind-body practices:
What are you most looking forward to about this process?:
Any med/supplement/food or other allergies?:
In case of emergency contact:
Notes (Anything else I should know):

In we go....

