



Health Coaching Intake Form

Please answer questions to the best of your knowledge - to the extent that you are comfortable.

Name _____ Date _____

Phone (provide at least 1): (h) _____ (c) _____ (w) _____

Email: _____

Date of Birth _____ Age _____

Weight: Current _____ 6 Months Ago _____ 1 year ago _____ Height: _____

Would you like your weight to be different? Y/N If so, what? _____

Relationship Status: _____

Children: _____ Pets: _____

Occupation _____ Hours of work per week? _____

Do you enjoy your work? _____

List your main health problem(s)/concern(s) and. Describe the cause(s) - if known or suspected:

List your top 3 goals: _____

The most important thing you know you should do to improve your health is: _____

What are you hoping to get from your Health Coaching session(s): _____

What are the main stressors in your life? _____

Do you have any lifestyle (or other) obstacles? _____

What needs do you have that you feel are not being met? _____

Do you anticipate family & friends being supportive of diet and/or lifestyle changes you make? Explain any difficulties you are concerned about: _____

How is your sleep? _____ Hours/night? _____ Do you wake at night? _____

Elaborate on any sleep problems: _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities? If so, explain: _____

Women: Are periods regular? _____ How many days is your flow? _____ Frequency? _____

Painful or symptomatic? Please explain any complications: _____

Birth Control History: _____

Do you experience yeast infections/ urinary tract infections? Please Explain: _____

Please list any supplements or medications: _____

Please list any healers, helpers, or therapies with which you are involved: _____

Place of Birth _____ Race/Ethnicity _____

Describe anything notable about your parents' health: _____

What foods did you eat often as a child? _____

Consider the following questions and list anything that you feel may be relevant: How was your childhood? Were you happy and healthy? Loving & supportive family? Did you experience any major trauma? Frequent antibiotic use?

Any serious illnesses/hospitalizations/injuries? If so, please explain. _____

At what point in your life did you feel best? _____

What role do sports & exercise play in your life? _____

What is your food like these days? (List typical meals)

Breakfasts _____

Lunches _____

Dinners _____

Snacks _____

Liquids _____

Do you cook? _____ What percentage of your food is home-cooked? _____

Where does the rest of your food come from? _____

Do you crave sugar, salt, caffeine, cigarettes, or have any major addictions? _____

Elaborate on any of the above questions and share any additional information (add another page if needed):