

Intake Form

Name:

Birthdate:

Phone #:

Email:

Goals

What are your top five health and wellness goals?

What would you like to get out of health coaching?

If you could tell me the best way to bring out your best, what would you say?

Current Health Challenges

What challenges are you having in regard to your health and fitness?

Are you engaged in any treatments (conventional or alternative) related to any health challenges or issues? If so, please describe.

What repetitive patterns have you noticed appear again and again in your life when it comes to your health?

Support System and Significant Events

I'd like to know about your current support system. Please share more about the practitioners, medical doctors and specialists, nutritionists, trainers, therapists, naturopaths, friends, and family who support your health and well-being.

Telling me about your past helps put the puzzle pieces of your health/fitness journey together. You do not need to write your life story, but perhaps list a few significant events that you feel are relevant. Do you have any significant life events coming up?

Your Relationship with Yourself

What is your self-talk like? Do you tend to be kind to yourself or do you tend to be more negative?

What are your beliefs about your ability to transform your body?

How are you at doing what you say you will do?

Lifestyle

What aspects of your home life and environment support your health and fitness?

What aspects detract from your health?

What aspects of your work life and environment support your health and fitness?

What aspects detract from your health and fitness?

What do you do to reduce stress in your life, or to counteract the effect of stress in your life?

Please tell me a little about your interests, hobbies, and passions.

Physical Activity

How often are you physically active, on average, per week?

Describe your current physical activities in terms of frequency, duration, and types.

Physical activity readiness rating. On a scale of 1-5 (1 = low; 5 = high), please rate —

The importance of regular physical activity in your life:

Your readiness to make change or improvements in the type, duration, and/or frequency of physical activity:

Do you have any limitations in movement/exercise? Please elaborate.

Diet and Nutrition

Please list the time and typical foods you eat and beverages you drink in an average day.

Additional
beverages:

of glasses of water per day:

Do you smoke?

Do you use any recreational drugs? If so, please elaborate.

Please list all supplements and herbs you are currently taking; what you are taking them for; and how long you've been taking them.

Sleep and Stress

On average, how many hours per night do you sleep?

What time do you typically
go to bed?

What time do you typically
wake up?

How well do you sleep each night, such that you feel rested when you wake up?
Rate on a scale of 1-5, with 1 being "poorly" and 5 being "excellently."

How would you rate your current stress level?
Rate on a scale of 1-5 with 1 being "low/no stress" and 5 being "highly stressed."

Concluding Thoughts

Do you have any additional questions or comments you'd like to add? Is there anything else you'd like me, as your coach, to know about you and your health and wellness journey?