

WELLNESS COACHING INTAKE FORM

CLIENT INFORMATION

Name: _____ DOB: _____
Last Name First Name
Phone Number: _____ E-Mail Address: _____
Preferred Method of Contact: Phone (call/text) Email Video Chat/FaceTime
Emergency Contact: _____ Phone Number: _____

----- GOALS -----

In general, what do you want out of this experience? (please check all that apply)

- Lose weight / fat Improve physical fitness Get control of eating habits Gain weight
 Look better Get stronger Maintain weight Feel Better
 Add muscle Physique / modeling Have more energy and vitality Performance

Please list any/all concerns about your health, eating habits, fitness and/or body, rating them in matter of importance

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please explain why the top 3 are the most important

What do you expect from me, as your coach?

----- CHANGE -----

Have you tried anything in the past to change your habits, health, eating and/or your body? YES NO

If so, what? (please specify which ones worked well for you)

How specifically would you like this to be different?

If you were to consider making changes to these habits, health choices and your body, what might come to mind?

Until now, what has been the biggest barrier to making these changes?

Right now, how would you rate your eating/nutrition habits? Why?

HORRIBLE 1 2 3 4 5 6 7 8 9 10 AWESOME

How many hours do you contribute to structured exercise per week?

5 or less 5-9 10-14 15-19 20 or more

How many hours a week do you do other types of physical activity?

5 or less 5-9 10-14 15-19 20 or more

What does your fitness program consist of currently?

----- ENVIRONMENT -----

Who lives with you? (please check all that apply)

Spouse/Partner Roommate(s) Children Pets Other Family

If you have children, please list number and ages

Who does most of the grocery shopping? (please check all that apply)

- Me Spouse/Partner Roommate(s) Children Other Family

Who does most of the cooking? (please check all that apply)

- Me Spouse/Partner Roommate(s) Children Other Family

Who decides the menu/meals for the week? (please check all that apply)

- Me Spouse/Partner Roommate(s) Children Other Family

How supported would you say you feel supported by the people and things around you?

NOT SUPPORTED 1 2 3 4 5 6 7 8 9 10 COMPLETELY SUPPORTED

----- TIME -----

How many hours per week would you say you spend on the following:

_____ Paid Employment _____ Taking Care of Others _____ At School
_____ Travel/Commuting _____ Unpaid Work (housework, errands) _____ Volunteering

On a scale of 1-10, how do you feel about your schedule, use of time, and overall busyness?

COMPLETELY BALANCED 1 2 3 4 5 6 7 8 9 10 LIFE IS INSANE

----- STRESS/RECOVERY -----

What is your typical stress level on an average day?

- No Stress Minimal Stress Moderate Stress High Stress Very High Stress

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

- 4 or less 5 6 7 8 9 10 or more

How do you normally cope with your stress?

How READY are you to change your behaviors and habits?

- Not at All Somewhat Ready Extremely Ready 100% Ready

How WILLING are you to change your behaviors and habits?

- Not at All Somewhat Willing Extremely Willing 100% Willing

How ABLE are you to change your behaviors and habits?

- Not at All Somewhat Able Extremely Able 100% Able

----- HEALTH MARKERS -----

How would you currently rank your health? Why?

WORST 1 2 3 4 5 6 7 8 9 10 AMAZING

Please list any injuries, surgeries or illnesses that you have had in the past.

Surgery/Illness/Injury	Date	Year

Please list any medications and/or supplements that you are currently taking.

Medication	Reason

Disclaimer Please recognize that it is your responsibility to work directly with your health care provider before, during, and after seeking nutrition and / or fitness consultation. Any information provided is not to be followed without prior approval of your doctor. If you choose to use this information without such approval, you agree to accept full responsibility for your decision.

Client Signature: _____

Date: _____