



Please write or print clearly. All of your information will remain confidential between you and the Health Coach

PERSONAL INFORMATION First Name: ______ _____ How often do you check email? _____ Phone: Home: Work: Mobile: Age: _____ Height: ____ Birthdate: ____ Place of Birth: ____ Current weight: _____ Weight six months ago: _____ One year ago: _____ Would you like your weight to be different? _____ If so, what? _____ **SOCIAL INFORMATION** Relationship status: Where do you currently live? _____ Children: Pets: Occupation: Hours of work per week: **HEALTH INFORMATION** Please list your main health concerns: Other concerns and/or goals? At what point in your life did you feel best? Any serious illnesses/hospitalizations/injuries?





HEALTH INFORMAT	FION (continued)					
How is/was the health o	of your mother?					
How is/was the health o	of your father?					
What is your ancestry?			What blood type are you?			
How is your sleep?	How many	hours?	Do you v	vake up at night?		
Why?						
Any pain, stiffness, or s						
Constipation/Diarrhea/G	Gas?					
Allergies or sensitivities						
MEDICAL INFORMA						
Do you take any supple	ments or medications?	Please list:				
Any healers, helpers, or	r therapies with which y					
What role does sports a		r life?				
FOOD INFORMATIO	N					
What foods did you eat	often as a child?					
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Sr</u>	<u>acks</u>	<u>Liquids</u>	
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FOOD INFORM	MATION (continued)			
What is your food	d like these days?			
Breakfast	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
Will family and/or	r friends be supportive o	f your desire to make food That percentage of your foo	and/or lifestyle changes?	
Where do you ge	et the rest from?			
Do you crave sug	gar, coffee, cigarettes, o	r have any major addictions	s?	
		e about my diet to improve		
ADDITIONAL (COMMENTS			
Anything else yo	u would like to share? _			