

Vanderbilt Health Coaching Program  
Health Coaching Intake Form

Name (First Last):

Date of Birth:

Phone:

Gender Identity:

Email:

Preferred method of contact:      Phone      Email

**Which of the following best describes you:**

**Please select your highest level level of education:**

**Relationship Status:**

**Do any children live at home?**

Please note anyone else living in your household?

**Are you currently employed?      Yes      No**

**If you answered "yes" above, what is your current job?**

**Do you currently smoke or chew tobacco?      Yes      No**

**If you answered "yes" above, how many packs a day do you smoke?**

**Do you currently consume alcohol?**

**If "yes", how many days a week do you typically drink?**

**How many alcoholic beverages do you typically consume in a week?**

**What else would you like to share with you health coach about your current health?**

Rate your stress level on a scale of 0-10. (0 = no stress;10 = most stress possible)

What are your biggest stressors now?

What do you currently do to cope with stress?

What has motivated you to participate in health coaching at this time?

Below write down what you consider to be your three greatest strengths:

What are three of your most important values?

How does your health impact your life?

What habits/activities/thoughts do you believe need to be dropped/simplified/altered in order to make lasting changes?

How have you been motivated in the past to reach challenging goals?

When is the last time you felt good in your body?

What do you do for fun? When is the last time you had fun?

What else you would like your health coach to know about you?

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