

# Holistic Health and Wellness Coaching Intake Form

## Client Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Preferred method of contact (phone, email, text): \_\_\_\_\_

## Emergency Contact:

- Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
- 

## Health History

### 1. Primary Health Concerns:

- What are the main reasons for seeking health and wellness coaching?

---

---

## Lifestyle and Wellness

### 1. Diet and Nutrition:

- How would you describe your current eating habits?

---

- Do you follow any specific diet or nutritional guidelines (e.g., vegetarian, keto, intermittent fasting)?

---

- How many meals do you eat per day?

---

**2. Physical Activity:**

- How often do you exercise or engage in physical activity (e.g., walking, yoga, strength training)?

---

- What types of physical activities do you enjoy or participate in regularly?

---

**2. Sleep:**

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

---

- Do you have trouble falling asleep, staying asleep, or feeling rested in the morning?

---

**3. Stress and Mental Well-being:**

- On a scale of 1 to 10, how would you rate your current stress level? (1 = low, 10 = high)

---

- What are the primary sources of stress in your life?

---

- How do you typically manage stress (e.g., meditation, exercise, social support)?

---

**4. Emotional and Mental Health:**

- Have you ever experienced or been diagnosed with anxiety, depression, or any other mental health concerns?

---

## Wellness Goals

### 1. Short-Term Goals:

- What would you like to achieve in the next 3-6 months?

---

---

### 2. Long-Term Goals:

- What are your long-term health and wellness aspirations?

---

### 3. Challenges:

- What do you feel are the biggest obstacles to achieving your health goals (e.g., time, motivation, support)?

---

---

## Holistic Health Information

### 1. Energy Levels:

- How would you describe your energy levels throughout the day (e.g., low, steady, fluctuating)?

---

### 2. Mind-Body Practices:

- Do you currently practice any mind-body techniques (e.g., yoga, meditation, breathwork)?

---

### 3. Spiritual or Emotional Well-being:

- Do you engage in any practices that support your spiritual or emotional well-being (e.g., prayer, journaling, therapy)?

---

## Additional Information

### 1. Support Systems:

- Who is part of your support system (family, friends, colleagues)?

---

- How do they support or impact your wellness journey?

---

### 2. Other Health Practitioners:

- Are you currently working with any other health professionals (e.g., doctors, therapists, nutritionists)?

---

## Consent and Agreement

I understand that the services provided by my wellness coach are not a substitute for medical care, diagnosis, or treatment. This program does not replace any therapist or counselor. I will consult my healthcare provider before making any changes to my health routine. I consent to participate in wellness coaching and agree to the terms and conditions outlined by my coach.

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

---

This intake form allows the coach to gain a comprehensive understanding of the client's background, health history, lifestyle habits, and goals. It serves as a foundation for creating a personalized, holistic wellness plan that addresses the client's unique needs.