
MY SHARPER HEALTH



INTAKE FORM

Thank you for taking the time to fill this out. Please email the completed version back to me at atoneyourtemple@gmail.com prior to your Discovery Session. (All information will be kept confidential.)

1. What is your main health concern?
2. What have you done in the past to work on this health condition (include both alternative and traditional modalities.)
3. What has proven effective?
4. What is your current diet like? Please be specific: List breakfast, lunch, dinner and snacks, as well as the times you eat.
5. Are you taking any supplements? Please list what you take and what its function is.

6. What would you like your health to be 30 days from now? How about 90 days from now? How

would you feel if you got this result?

7. What obstacles, challenges, and struggles do you come up with regarding diet/lifestyle?

8. What do you hope to get out of our time together?

9. What are 5 things you LOVE about your life?

CERTIFIED HEALTH COACH

- Mentoring curated for you to reach your desired goals.

Contact Information:

Sandra D. Harper

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Schedule: Weekly phone conference 45 minutes - 1 hour

Length: General time period is 6 months

Background:

- Health Coach Institute 2016
- Master of Arts in Clinical Community Psychology 1982
- Certified Medical Qi Gong Instructor