

NUTRITION AND MINERAL INSIGHTS

HEALTH COACHING

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

By filling out this form _____ (your name) recognizes that Galina Kovalev is not a physician and the scope of her consultation services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a licensed physician without delay. Only a licensed physician can prescribe drugs. Any mention of drugs in the course of consultation is only for the purpose of providing a complete history of drugs that the client is taking and not for your health coach to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her physician.

Rather than dealing with treatment of disease, Nutrition and Mineral Insights focus on wellness and balance of minerals through the use of non-toxic, whole-foods-based adjustments to achieve optimal health. Instead of pursuing a precise diagnosis of undesirable symptoms, Nutrition and Mineral Insights work to restore balance and deeply nourish at a cellular level, thereby correcting dysfunction. As a certified Health Coach and Root Cause Protocol Educator, Galina Kovalev primarily educates clients about the role of stress and mineral dysregulation in the body and motivates clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet. While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, Galina Kovalev does not promise or guarantee protection from future illness.

By signing below, you acknowledge that you understand that Galina Kovalev is a health coach and not a physician, and that you should see a doctor if you think you have a medical condition. Galina Kovalev will not be held liable for failure to diagnose or treat an illness, nor will she be liable for failure to prevent future illness.

Client's Signature _____ Date _____

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PERSONAL

First Name: _____

Last Name: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Email: _____ Mobile Phone: _____

Current Weight: _____ Weight Six Months Ago: _____ Weight One Year Ago: _____

Would you like your weight to be different? _____ If so, how? _____

SOCIAL

Relationship Status: _____

Where do you live? _____

Any children? _____ Any pets? _____

Occupation: _____ How many hours do you work per week? _____

GENERAL HEALTH

What are your main health concerns? _____

Any other concerns and/or goals? _____

At what point in your life did you feel your best? _____

Any current or previous serious illnesses, hospitalizations, or injuries? _____

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GENERAL HEALTH (continued)

How is/was your mother's health? _____

How is/was your father's health? _____

What is your ancestry? _____ What is your blood type? _____

How is your sleep? _____ How many hours do you sleep per night? _____

Do you wake up during the night? If so, why? _____

Any pain, stiffness, or swelling? _____

Any constipation, diarrhea, or gas? _____

Any allergies or sensitivities? _____

MEDICAL

List all supplements or medications: _____

Are you involved with any healers, helpers, or therapies? _____

What role do sports and exercise play in your life? _____

FOOD

Will your family and friends be supportive of your desire to make food and/or lifestyle changes? _____

Do you cook? _____ What percentage of your food is home-cooked? _____

Where does your non-home-cooked food come from? _____

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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FOOD (continued)

What foods do you typically eat these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you crave sugar, coffee, or cigarettes? Do you have any other major addictions? _____

What is the most important thing you should change about your diet to improve your health? _____

ADDITIONAL COMMENTS

Is there anything else you would like to share? _____
