

Client Intake Form – Wellness Zen

Section 1: Personal Information

First Name: _____

Last Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Age: _____

Gender: _____

Height: _____

Weight: _____

Address Line 1: _____

Apt / Unit: _____

City: _____

State: _____

Zip Code: _____

Section 2: Health and Medical History

1. Do you have any diagnosed medical conditions? (e.g., diabetes, PCOS, thyroid disorders, hypertension)

☐ Yes ☐ No

If yes, please specify: _____

2. Are you currently taking any medications or supplements?

☐ Yes ☐ No

If yes, list them: _____

3. Do you have any allergies or intolerances (food, environmental, etc.)?

☐ Yes ☐ No

If yes, please explain: _____

4. Have you had any recent surgeries or injuries?

☐ Yes ☐ No

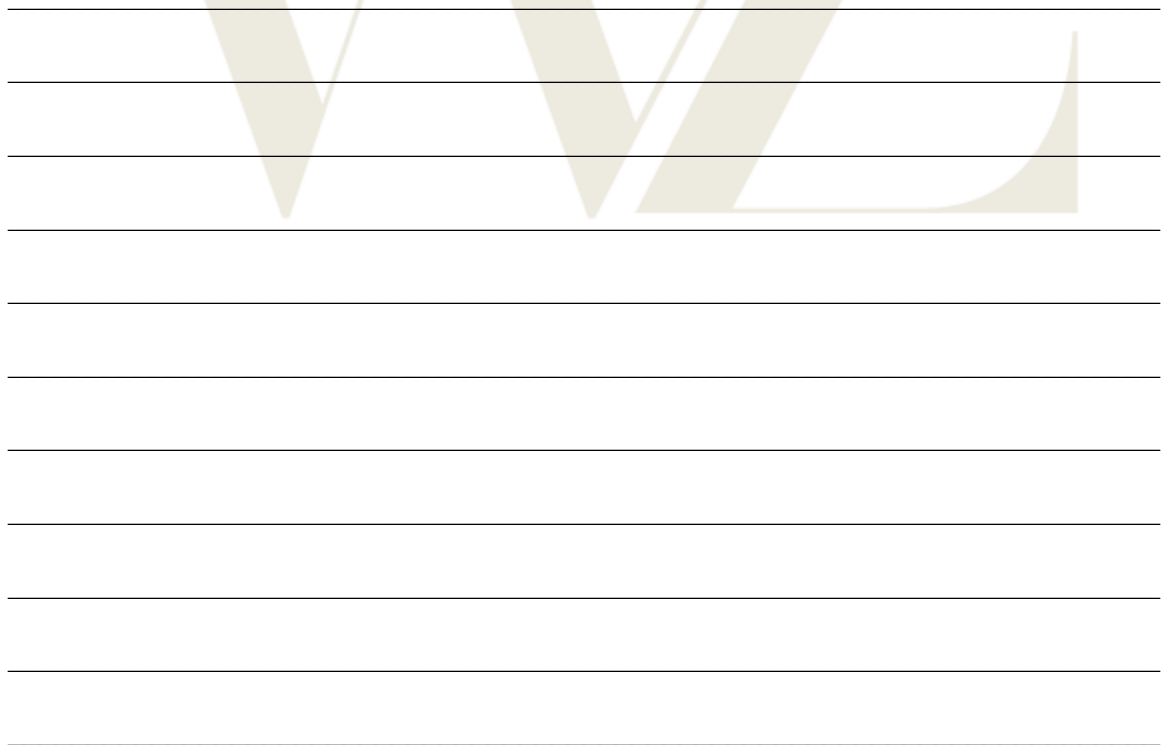
If yes, provide details: _____

5. Do you have any dietary restrictions or follow a specific diet? (e.g., vegetarian, gluten-free, keto)

☐ Yes ☐ No

Details: (Please include anything you absolutely would like to include in your diet vs.

things you will not eat at any cost. Any other details you might have in respect with your diet.)



Section 3: Lifestyle and Habits

1. What is your current occupation?

- _____

2. How much sleep do you get per night on average?

- _____

3. How would you describe your stress level?

- ☐ Low ☐ Moderate ☐ High

Section 4: Current Routine

1. Do you currently follow a workout routine?

- ☐ Yes ☐ No

2. How many days per week are you active (including walking, sports, gym, etc.)?

- _____

3. Describe your typical diet (meals/snacks/ beverages) (please do include how many meals you eat per day).

- _____

Section 5: Goals & Expectations

1. What are your primary health/ fitness goals? (select all that apply)

- ☐ Fat loss
- ☐ Muscle gain
- ☐ Improve energy
- ☐ Manage a medical condition
- ☐ Improve digestion
- ☐ Other: _____

(Please feel free to add any other additional goals you might have with respect to your lifestyle.)

2. Do you have a deadline or specific timeline for achieving your goals?

- _____

3. Have you worked with a coach or nutritionist before? What did/didn't work?

- _____

4. What support or resources do you expect from this program?

- _____

5. Which plan are you wanting to enroll in? (You can state either the name and specifics if it goes under the general, or a screenshot if you are not sure.)

Section 6: Authorization and Signature

- I confirm that all the information I have provided is accurate to the best of my knowledge.
- I understand that this program is not a substitute for medical advice, and I agree to consult my doctor in case of any emergency or new health issues that arise.

Client Signature: _____

Date: _____

WELLNESS ZEN