One On One PT-Health Coaching

Client Intake Form

1. Name

2. Date of Birth

Example: January 7, 2019

3. How did you hear about us?

4. Have you ever worked with a health coach before?

Mark only one oval.

- yes
- no
- Other:

5. What are the three concerns you'd like to work on?

6. What do you hope to achieve out of your experience with health coaching?

7. What is your preferred learning style? Are you a verbal processor, visual, note taker or other? How will you capture and retain your new learning?

_____

8. What tips would you give me about how you operate?

_____

9. Are you currently seeing a medical doctor?

Mark only one oval.

- ◯ yes
- ◯ no

10. Are you currently in counseling of any kind? If yes, please describe.

Mark only one oval.

- ◯ yes
- ◯ no
- ◯ Other: _____

11. On a scale of 1-5 with 5 being extremely satisfied, how would you rate your level of satisfaction in each of the five wellness areas below?

Mark only one oval per row.

	1	2	3	4	5
Nutrition	◯	◯	◯	◯	◯
Exercise/Movement	◯	◯	◯	◯	◯
Sleep	◯	◯	◯	◯	◯
Stress	◯	◯	◯	◯	◯

12. Has your doctor/health care practitioner (or you) been concerned about any of the following?

Mark only one oval per row.

	yes	no
Weight	◯	◯
Blood pressure	◯	◯
Blood sugar levels	◯	◯
Family history	◯	◯
Cholesterol	◯	◯
Smoking/tobacco use	◯	◯
Hormone levels	◯	◯
Other	◯	◯

13. Have you had any major injuries, surgeries, or health conditions that will affect your long-term health and wellness? If yes, please explain.

Mark only one oval.

- ◯ yes
- ◯ no
- ◯ Other: _____

14. Do you take any medications? If yes, please list along with reasons why:

Mark only one oval.

- ◯ yes
- ◯ no
- ◯ Other: _____

15. Do you take any supplements (herbs, vitamins, etc)? If yes, please list:

Mark only one oval.

- ◯ yes
- ◯ no
- ◯ Other: _____

16. Any allergies or sensitivities? If yes, please explain:

Mark only one oval.

- ◯ yes
- ◯ no
- ◯ Other: _____

17. Do you use/consume any substances & list weekly use:

Mark only one oval per row.

	yes	no	1-2 daily	3 or more daily	occasional
Alcohol					
Tobacco					
Marijuana					

18. Is there anything else you'd like to tell me?

19. Please sign and acknowledge the following statement: I understand that I will be working with a health coach and will not be treated for any medical or psychiatric conditions.

20. Please sign and agree to cancellation policy. 24 hour notice to avoid being charged in full for missed session.