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**HEALTH COACH INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [HEALTH COACH'S NAME]. Information collected about new clients is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Contact Method**: [ ]  E-mail [ ]  Phone [ ]  Text Message [ ]  Video Chat

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **GOALS** |

**In general, what do you want out of this experience?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list any concerns about your health, eating habits, fitness or body, rating them in order of importance.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why the top 3 are the most important: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you expect from me, as your health coach?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CHANGE** |

**Have you tried anything in the past to change your habits, health, eating, or body?** [ ]  Yes [ ]  No

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How specifically would you like this to be different?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If you were to consider making changes to these habits, health choices, and your body, what might come to mind?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Until now, what has been the biggest barrier to making these changes?**

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**How would you rate your eating and nutrition habits on a scale of 1-10?**

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How many hours do you contribute to structured exercise per week?**

[ ]  5 or less [ ]  5-9 [ ]  10-14 [ ]  15-19 [ ]  20 or more

**How many hours a week do you do other types of physical activity?**

[ ]  5 or less [ ]  5-9 [ ]  10-14 [ ]  15-19 [ ]  20 or more

**What does your fitness program consist of currently?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ENVIRONMENT** |

**Who lives with you? (please check all that apply)**

[ ]  Spouse/Partner [ ]  Roommate(s) [ ]  Children [ ]  Pets [ ]  Other Family

**If you have children, please list the number of children you have and their ages:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Who does most of the grocery shopping?** (check all that apply)

[ ]  Me [ ]  Spouse/Partner [ ]  Roommate(s) [ ]  Children [ ]  Other Family

**Who does most of the cooking?** (check all that apply)

[ ]  Me [ ]  Spouse/Partner [ ]  Roommate(s) [ ]  Children [ ]  Other Family

**Who decides the menu for the week?** (check all that apply)

[ ]  Me [ ]  Spouse/Partner [ ]  Roommate(s) [ ]  Children [ ]  Other Family

**How supported would you say you feel by the people and things around you on a scale of 1-10?** [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10

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| **TIME** |

**How many hours per week would you say you spend on the following:**

\_\_\_\_\_\_ Paid Employment \_\_\_\_\_\_ Taking Care of Others

\_\_\_\_\_\_ At School \_\_\_\_\_\_ Travel/Commuting

\_\_\_\_\_\_ Unpaid Work (housework, errands) \_\_\_\_\_\_ Volunteering

**On a scale of 1-10, how do you feel about your schedule, use of time, and overall busyness?** [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10

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| **STRESS & RECOVERY** |

**What is your typical stress level on an average day?**

[ ]  No Stress [ ]  Minimal Stress [ ]  Moderate Stress [ ]  High Stress [ ]  Very High Stress

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

[ ]  4 or less [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 or more

**How do you normally cope with your stress?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How READY are you to change your behaviors and habits?**

[ ]  Not at All [ ]  Somewhat Ready [ ]  Extremely Ready [ ]  100% Ready

**How WILLING are you to change your behaviors and habits?**

[ ]  Not at All [ ]  Somewhat Willing [ ]  Extremely Willing [ ]  100% Willing

**How ABLE are you to change your behaviors and habits?**

[ ]  Not at All [ ]  Somewhat Able [ ]  Extremely Able [ ]  100% Able

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| **HEALTH MARKERS** |

**How would you currently rank your health on a scale of 1-10?**

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10

 - Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list any injuries, surgeries, or illnesses that you have had in the past.**

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**Please list any medications or supplements that you are currently taking.**

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| **DISCLAIMER** |

Please recognize that it is your responsibility to work directly with your health care provider before, during, and after seeking nutrition or fitness consultation. Any information provided is not to be followed without prior approval of your doctor. If you choose to use this information without such approval, you agree to accept full responsibility for your decision.

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_