

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

PERSONAL INFORMATION

First Name:			
Last Name:			
Email:		How often do you check email?	
Best number to reach you:			
Age:	Height:	Date of Birth:	Place of Birth:
Current weight:		Weight six months ago:	One year ago:
Would you like your weight to be different?		If so, what?	

SOCIAL INFORMATION

Relationship status:			
Where do you currently live?			
Grandchildren:			
Occupation:		Hours of work per week:	
What is your retirement plan?			

HEALTH INFORMATION

Please list your main health concerns:			
Other concerns and/or goals?			

HEALTH INFORMATION (continued)

At what point in your life did you feel best?			
Any serious illnesses/hospitalizations/injuries?			

How is/was the health of your mother?	
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How is/was the health of your father?	
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What is your ancestry?		What blood type are you?	
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How is your sleep?		How many hours?		Do you wake up at night?	
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Why ?	
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Any pain, stiffness, or swelling?	

Constipation/Diarrhea/Gas?	
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Allergies or sensitivities? Please explain:	
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MEDICAL INFORMATION

Do you take any supplements or medications? Please list:	

Any healers, helpers, or therapies with which you are involved? Please list:	

What role does exercise play in your life?	
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What is your energy like?	
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Do you still feel independent? Please explain:	

Are you part of a community? Please explain:	
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FOOD INFORMATION

What foods did you eat often as a child?
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<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>

What is your food like these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>

Will family and/or 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 do you get the rest from?

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

The most important thing I should do to improve my health is:

ADDITIONAL COMMENTS

Anything else you would like to share?