

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?			
Phone:		Work:		Mobile:	
Home:					
Age:		Height:		Birthdate:	
				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?					
Children:		Pets:			
Occupation:		Hours of work per week:			

HEALTH INFORMATION

Please list your main health concerns:					
Other concerns and/or goals?					
At what point in your life did you feel best?					
Any serious illnesses/hospitalizations/injuries?					

HEALTH INFORMATION (continued)

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?	
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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 do sports and exercise play in your life?	

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?	
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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 INFORMATION

Anything else you would like to share?