

Health Coaching Client Intake



Contact Information

Name

DOB

Address

City/State/Zip

Phone

Email

Emergency Contact

Phone

How would you like to be contacted?

Phone

Text

Email

Let's Get Started...

From 1-10, how do you rate your health today? _____

What do you hope to achieve from working with a health coach?

LIFESTYLE

Do you smoke? **Y** **N**

Do you drink? **Y** **N**

Do you use recreational drugs? **Y** **N**

How many hours a week are you active? _____

How many hours a week are you sedentary? _____

How many times a week do you eat fast food? _____

EXERCISE

How often do you exercise? _____

What type(s) of exercise do you enjoy? _____

What (if any) are your barriers to consistent exercise? _____

FAMILY HISTORY

Do any hereditary illnesses/diseases run in your family? _____

NUTRITION

Describe your relationship with food. _____

What is your current diet like?

- | | |
|--|-----------------------------------|
| <input type="radio"/> Vegetarian/Vegan | <input type="radio"/> Paleo |
| <input type="radio"/> Low-Carb | <input type="radio"/> Pescatarian |
| <input type="radio"/> Keto | <input type="radio"/> Other |

Do you have any dietary restrictions? _____

Do you experience any digestion problems? **Y** **N**

How much water do you drink daily? _____

MEDICAL DIAGNOSIS

CURRENT MEDICATION/SUPPLEMENTS

-
-
-
-
-
-
-

I consent to participate in this health coaching program and I understand that this program may contain risks.

I expressly assume the risks of participating in this health coaching program and take full responsibility for the decisions made for my life and well-being made before, during, and after the program.

I understand that the information provided at or in conjunction with the program, including dietary recommendations, exercise/physical activity instructions, and/or supplement advice is not intended to be a substitute for professional medical advice, diagnosis or treatment provided by your physician, therapist, or dietitian.

I understand that the health coach is not a physicians, dietician, or therapist and they are not diagnosing any disease, condition or physical or mental ailments.

I agree to seek the advice of my primary physician prior to and during the program regarding any questions or concerns I have about my health situation, such as pregnancy, suspected food sensitivities and allergies, dietary restrictions, or any medications I am currently taking, if the need arises.

I fully understand that all lifestyle recommendations, including but not limited to physical exercise and food are designed with my well-being, health, and safety in mind.

Any information that is obtained from my medical history, new client questionnaire, and coaching sessions will be treated as privileged and confidential, and will not be released or revealed to any person other than my health care providers without my written consent.

Waiver and Consent



In the event that I may injure myself or become ill as a result of my participation in this program, I release, discharge, and waive any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands which I have ever had, now have, and could have in the future against my health coach, arising from my participation in anything related to the program.

I have carefully read this document and by signing below, I consent to all parts of it. I understand that by signing this release, I voluntarily surrender certain legal rights.

Participant's Signature

Date

Health Coach's Signature

Date