



HEALTH COACHING CLIENT INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer, or would prefer to discuss with your therapist. Information you provide here is held to the same standards of confidentiality as our therapy.

Client Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Are you currently seeing more than one medical health specialist? () Yes () No If yes, please list: _____

When was your last physical? _____

Please list any persistent physical symptoms or health concerns (e.g. injuries, exercise restrictions, chronic pain, headaches, hypertension, diabetes, etc.)

Are you currently on medication to manage a health concern? If yes, please list:

Coaching Priorities

I would like to address the following areas with my coach (Choose all that apply and please number in order of priority)

- Nutrition
- Manage or maintain current weight
- Increased energy/productivity
- Improve eating Habits
- Manage or improve injuries
- Improved appearance
- Feel/look younger
- Improved muscle tone
- Improved muscle mass
- Athletic performance
- Decreased stress
- Improve sleep
- Improved self esteem
- Improved family well-being
- Improved life satisfaction
- Improved productivity
- Decreased depression
- Decreased alcohol consumption
- Decreased tobacco consumption
- Improvement of health risks or medical conditions
- Reduce need for Medication
- Improved relationships
- Other (please explain) _____

1. What one thing do you want more of in your life right now?

2. What one thing do you want less of in your life right now?

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/ authorized representative to who it pertains unless other permitted by law.

3. List three things you are tolerating right now in your personal life.

4. List three things you are tolerating right now in your work life.

5. What's one thing you would like to achieve but aren't sure how to do it?

6. Listed below are some typical results experienced by coaching clients. Which 3 are most important to you? (direction, focus, accountability, a new perspective, relationship success, strategies, better finances, motivation, new challenges, other-please list)

7. How well do you keep your commitments when taking advice or working with someone towards your goals? (very, moderately, not too much)

8. How do you like to be supported when hitting challenges in your personal growth or thought process (have a good listener; strategize with someone; work with a devil's advocate, work with guided visualization, journal, etc. If you're not sure, you can write that too.)?

9. How committed are you to making this program work for you?

10. What else do I need to know to help you reach your goals?