COACHING BY KATEY
Intake Form for Health History Consultation

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: Home: _____   Work: _____   Mobile: _____

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? _____

How is/was the health of your father? _____

What is your ancestry? _____   What blood type are you? _____

How is your sleep? _____   How many hours? _____   Do you wake up at night? _____

Why? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities? Please explain: _____

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?

Breakfast	Lunch	Dinner	Snacks	Liquids
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your food like these days?

Breakfast	Lunch	Dinner	Snacks	Liquids
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____