



Health Coaching Client Intake Form Template

Please fill out this intake form to begin our health coaching relationship.

* Required information

First name *

Last name *

What's your email? *

Date of Birth:

Gender:

- Female
- Male
- Non-Binary
- I prefer not to say

Address:

Marital Status:

- Single
- Married
- Divorced
- Widowed
- Living with partner

Occupation:

Emergency Contact Name:

Emergency Contact Number:

Do you have any health conditions? If yes, then please share them below:

Are you currently taking any medications and/or supplements? If yes, then please indicate the medication/supplement name and the purpose below:

On a scale of 1-5 how would you rate your level of satisfaction with your nutrition?

1	2	3	4	5
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On a scale of 1-5 how would you rate your level of satisfaction with exercise/movement?

1	2	3	4	5
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On a scale of 1-5 how would you rate your level of satisfaction with sleep?

1	2	3	4	5
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On a scale of 1-5 how would you rate your level of satisfaction with stress management?

1	2	3	4	5
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Are you currently receiving psychiatric care of any kind? If yes, please specify.

Do you have any allergies, sensitivities, or food intolerances? If yes, please explain.

Do you use or consume any of the following substances?

- Alcohol
- Tobacco
- Marijuana
- Caffeine
- Soda (diet or regular)
- Other

What are your expectations from this coaching relationship?

As your coach, what roles can I serve that are the most important to you? Check any you feel are important.

- Focus
- Accountability
- Challenge
- Inspiration
- Support
- Direction
- Sounding Board
- Ideas/Innovation/Strategy
- Validation
- Research
- Other

We all face obstacles to making change or reaching our goals. Which of these can you most relate to? Choose up to three choices.

- Procrastination
- Indecision
- Arrogance/Being Right
- Acting as a "Lone Ranger"
- Tolerating
- Not saying "no"
- Not saying "yes"
- Following secondary goals (i.e., goals that won't ultimately make me happy)
- Fear

Do you have a faith or spiritual beliefs that you are willing to share?

Do you live with other people? If so, please share some information

Is there anything else you would like me to know about you?

How did you hear about us?

- Word of mouth
- Social Media
- Search Engine
- Referral from a provider or another coach
- Other

Would you like to receive updates, helpful tips, and promos?

- Yes
- No

AGREEMENT/REMINDERS:

I understand that all information I entered in this form will be considered strictly confidential.

The data gathered from this form will only be used as a basis for the type of coaching the client will need.

I understand that in order to be successful, it is vital to follow the plan agreed by both the life coach and the client.

I understand that I will be working with a health and wellness coach and will not be treated for any medical or psychiatric conditions. *

I have read and agree to the terms above

