

CLIENT INTAKE FORM

CLIENT'S REGISTRATION FORM

Date: _____

DX (office only): _____

Last Name _____ First _____ MI _____

Nickname _____ Sex: M F SS# _____ DOB _____

Street _____ City _____ State _____

Zip _____ Home _____ Cell # _____ Work # _____

_____ Email _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Medications: _____

Primary Care Physician's Name _____ Phone _____

Client's Full Name _____ Date _____

Client's Signature _____ Date _____

If the client is a minor:

Father's Full name _____

Father's Signature _____ Date _____

Mother's Full name _____

Mother's Signature _____ Date _____

Note: Once you have answered these questions please go back and put an X next to the answers that you/your client feel that you need to move towards more wellness or balance in (this step is a self survey exercise).

GENERAL/OVERVIEW

What are the reasons (problems, challenges, circumstances) that brought you here (to work with a coach)?

The problems I need help with are:

On a scale of 1-10 how intensely do you experience this problem (how 'big'/'bad' is it), 10 being the most intense, 1 being the least.

List what you have done so far to try to resolve the problem. Are you currently working with anyone else to resolve it?

List why or how these problems effect your life (why are they a problem?):

How long has this been a problem or struggle in your life?

When was it not?

What specifically created this problem? What steps led to it?

How do you feel about the problem (what emotions are present)?

Tell about your family and childhood as it relates to the current situation (what is the relationship between your past experiences/people and the current problem):

Is there a purpose or a reason for having this problem?

How will you know when the problem has totally disappeared (what will that look like or feel like)?

How will it feel/look like in your life when the problem is gone?

Are you willing to take the steps necessary in order to release the problem from your life/resolve the problem?

On a scale of 1-10 how committed are you willing to be with your time, energy and resources towards overcoming this problem. 1 being the least committed and 10 being the most.

My biggest goals are:

The areas I struggle most in are:

I spend most of my time on (or doing):

I spend a lot of time on thinking about:

My definition of success is:

My definition of wellness and health is:

What area of your life would you most like to improve (health, relationships, family, finances, career, spirituality or self development)?

What areas are your areas of struggle example of main areas: family, relationships, career, finances, health, spirituality, self awareness/self development)?

Do you struggle to find balance between your fitness needs, personal needs, life tasks, social life and work? If yes, when time is tight, which is the first area you cut down on?

What do you find most challenging in life (relationships, work, money, family, etc.)?

What is more challenging for you, balance or discipline?

What areas would you like to see healing/growth in?

What are some of the things that you feel limit you in growth or block you from living to your fullest ability?

What are you most passionate about in life? Do you feel that you are living your purpose?

What would you like to feel or be different, better or more in your life?

What would you like to have, be or do more in your life?

What do you think is the most beautiful or positive thing about the world? The worst?

What are you most grateful for in your life?

When you have had a long day and really need to 'recharge' would you choose to be home and have some alone time or go out and socially interact?

When you experience stress, negative feelings and or emotions what do you typically do to deal with them? Or what do you do to avoid feeling uncomfortable? How do you escape or process them (please list both positive and negative ways you do this)?

PHYSICAL

Nutrition

Write down your average daily food intake (meals and what they are made up of as well as what time of the day):

What do you think your biggest struggle, challenge, issue or problem is in the area of food/nutrition for you? What do you feel are your biggest challenges with diet and nutrition?

Where (what stores or markets) do you purchase groceries from?

How often do you eat dairy products?

How often do you eat grain & wheat products (bread, rice, pasta, etc.)?

What is your guilty pleasure (food or drink)?

What favorite foods/drinks can you not live without?

What foods do you really like?

What foods do you really dislike or have a negative reaction to?

What is your favorite meal?

When do you crave your favorite things (night time, on weekends, etc.)?

How often do you eat potato chips, corn chips or similar snack foods?

How often, how much and what kind of alcohol do you consume?

How many servings of fruit do you eat every day?

How many servings of vegetables do you eat every day?

What sources and how much protein do you eat every day (fish, chicken, eggs, meat, whey protein powder, etc.)?

How many servings of grains (rice, oatmeal, breads, pasta, etc.) do you eat per day and what kind?

How much water (how many 8 oz. glasses) do you consume per day?

Which describes what your typically eating habit is; stop eating when you feel full, when your plate is empty, go back for a second helping, or forget to eat frequently?

Do you typically eat quickly, normal speed or slowly?

Are you satisfied with your sex life?

How many times per day do you eat?

How many sweets (candy, sugar, deserts) do you eat per day?

How many of your daily meals have condiments or dressings on them?

How often do you eat canned, preprepared or frozen foods? What kinds?

How many times per week do you eat out?

How many caffeinated beverages (coffee, tea, soda) do you drink per day and what kind?

Fitness

What do you feel are your biggest challenges with exercise?

How often do you exercise and for how long each session?

How long have you been exercising and are you consistent?

Did you or do you play any sports? Did you play sports in high school or college?

What physical activities do you most enjoy (dancing, biking, hiking, surfing, etc.)?

What hobbies do you enjoy in life or what things do like to do/want to do for fun (can be physical or non physical)?

What do you least enjoy about exercise?

What areas of your body do you feel are your strongest?

What areas of the body do you feel are your weakest?

What areas of the body do you want to see the most change in?

Would you characterize your cardiovascular ability as good, average or poor?

Would you characterize your flexibility as good, average or poor?

Do you start exercise programs and find it is hard to stick to them or to continue them after a period of time?

What is the biggest reason, challenge or goal that brought you to seek out help from a coach?

What is your biggest or most important goal to achieve in your fitness?

Personal & Family History

What would you like to be different, better or more in your physical world (health, fitness, nutrition, and/or things you have in your life)?

Please write a brief bullet point medical & personal & family history. Please also include dates next to any illness, injury, major life change or loss. Please make sure to list any medical conditions and medications (include dosage):

What is your genetic as well as cultural background (please list both sides of the family and their approximate year of birth. Example: African American (father), Middle Eastern (mother), culturally raised in middle eastern environment (food, traditions, etc.), grew up in Nebraska).

Please describe your current state of health in your physical body:

Do you smoke cigarettes or use drugs, if so how many/much and how often?

Do you have high blood pressure or high cholesterol?

When did you last have blood work done? Was everything normal?

Date of last physical?

Date of last eye exam?

Date of last dental exam/cleaning?

Are you over weight? If so, by how much?

History of mental illness or depression (you or your family, including those you live with)?

Any family members with mental illness, depression, heart disease, diabetes, cancer, obesity, eating disorders, other diseases, illnesses or conditions?

Do you take vitamins and/or supplements, if so, what kind and how often?

Are you on any medication (please list dosage & info in detail again here)?

Have you been diagnosed with any illnesses, diseases or disorders?

Have you ever received any advice or warnings regarding physical exercise by a doctor? If so what?

Life Habits

How many days and hours per week do you work?

Do you enjoy your job? If yes, what specifically about it do you enjoy. If no, what specifically about it do you find unsatisfying? Do you feel that you are doing what you are called & created you to do aka 'living your dream'?

How many hours per night do you sleep?

How often do you go on vacation? When was your last vacation, where was it and how long were you there?

How much time do you spend out doors? When out doors, what activities (walking the dog, gardening, going to the beach, outdoor cafes, etc.)?

EMOTIONAL

What would you like to be different, better or more in your emotional life (feelings, emotions, relationships - with self and others)?

Would you consider your upbringing healthy or dysfunctional?

Who do you spend most of your time with? Is that relationship satisfying?

What is your activity level in the community? Do you have a group of friends you see regularly?

Have you ever experienced physical, emotional, verbal, spiritual or sexual abuse?

What recreational (enjoyable and relaxing) things do you enjoy? How often do you do them?

What do you like about yourself? What don't you like about yourself?

Do you have negative emotions that you still feel now that have to do with things that have happened in the past?

Do you have any anger, resentments or unforgiveness towards any person, place, thing or situation (including God)?

How often to you see or speak to friends?

Write a brief description of how you have perceived yourself (your mind, body, etc.) for the majority of your life and any recent changes to that?

Write a brief description of your relationship to food and exercise (and self care) in the past and present?

Write a brief description of your relationship with yourself in the past and present?

Write a brief description of your relationship with others (family, friends, lovers/partners) in the past and present?

Do you feel very satisfied, moderately satisfied or dissatisfied with your life most of the time?

Are you single or in a relationship? If you are single are married, how often do you and your spouse go on dates with each other?

Are you happy with your relationship and/or relationship status? Is it fulfilling? What could make it more fulfilling?

When something upsets you, do you tend to get angry, get sad, get frustrated, shut down, cry, ignore it or talk about it?

What have been the most significant losses and major life changes you have experienced?

When you experienced these losses/changes, what coping tools did you use to deal with them; food, tv, sex, drugs, sleep, alcohol, shutting down/avoidance, shopping, anger, reading, and others?

Do you feel satisfied with your personal life?

MENTAL

What top 5 things/characteristics do you most value in life (example; integrity, love, success, money, friendship, support, freedom, etc.)? Please list them in order of importance to you (1 being the highest priority and 5 being the lowest).

- 1.
- 2.
- 3.
- 4.
- 5.

Are you more of an optimist or pessimist?

What do you think most about often?

Are your thoughts happy, stressful, sad, etc.?

What would you like to be different, better or more in the 'mental' area of your life (thoughts, patterns, habits and self perceptions)?

When you have thoughts about yourself what are they? When you look in the mirror what do you usually think?

How often do you learn new things through reading, researching, taking classes or seminars or having discussions with others?

When you spend time thinking about you and your life, what feeling (either physically or emotionally) do you feel afterwards (example: anxious, stressed, happy, positive, hopeful, empowered, helpless, out of control, sick to stomach, headache, exhaustion, overwhelmed, neutral - no different)?

SPIRITUAL

What are your spiritual beliefs?

Do you have any negative association to any spiritual or religious experiences in the past?

How do you choose to practice your beliefs?

How often do you pray? How often do you meditate?

How do you think your spiritual life could be strengthened?

What would you like to be different, better or more in your spiritual life?