



Wellness Intake Form

Name: _____

Address: _____

Email: _____

Preferred contact phone #: _____

How did you hear about me? _____

Age: _____

Date of birth: _____

Height: _____

Current weight: _____

Weight one year ago: _____

Ideal weight: _____

History of family health problems:

Occupation: _____

Please rate your stress levels on a scale of 1-10 (10 being high): _____

How would you rate the pace of your life:

- Very fast paced
- Busy, little free time
- Moderate
- Slow, Relaxed

Do you experience any troubles with digestion? (constipation, diarrhea, IBS, colitis, acid reflux, etc.)

How do you sleep at night?

How much water do you drink per day?

Do you eat when you are bored? _____ stressed? _____

Do you have challenges with portion control?

Are you addicted to any of the following – caffeine, sugar, alcohol, or cigarettes?

How often do you exercise?

What type of exercise do you like best?

Have you tried health/weight loss/nutrition/wellness programs in the past? _____

If so, which, and were they successful?

Do you take any Medications/Supplements, if so please list:

Therapies: (i.e. mental health, massage, or other)

Please detail the foods you typically eat for:

Breakfast -

Lunch -

Dinner -

Snacks -

Beverages -

What are your major health concerns?

What would you like to be different 6 months from now?

What is holding you back from being healthier?

Would support with your health and wellness goals be of interest to you?

Do you prefer group or individualized support?

Is there anything else that is important to know regarding your health that you have not mentioned?

Client Signature _____

Date _____

Thank you! I look forward to talking with you in our Discovery Session!