

HEALTH PARTICIPANT INTAKE

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Favorite Color \_\_\_\_\_ Sibling Position \_\_\_\_\_

I am interested in adjusting my (please circle) eating / physical activity / thoughts / feelings because \_\_\_\_\_

Previous experience with therapy or counseling: \_\_\_\_\_

Previous experience with personal or physical training: \_\_\_\_\_

Previous experience with diets or food management: \_\_\_\_\_

Medical history (list hospitalizations, chronic and/or undiagnosed problems, major injuries, diseases):  
\_\_\_\_\_  
\_\_\_\_\_

Current form and frequency of exercise: \_\_\_\_\_

I currently/used to smoke \_\_\_\_\_ packs each \_\_\_\_\_. (Please circle and fill in, if applicable.)

Currently, I use these drugs recreationally: \_\_\_\_\_ Previously, I have used these drugs recreationally: \_\_\_\_\_

Approximate # of alcoholic drinks in an average week: \_\_\_\_\_ Caffeinated drinks: \_\_\_\_\_

Highest level of education completed/degree: \_\_\_\_\_ Occupation: \_\_\_\_\_

Recent life challenges: \_\_\_\_\_

When I am not at work or school, I am probably doing this: \_\_\_\_\_



## HEALTH PARTICIPANT INTAKE

My biggest supporters, when it comes to the changes I want to make in my health are:

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My strengths are:

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The areas where I have the most room to grow are:

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1	5	6	10
horribly dissatisfied		content	extremely fulfilled

Please explain WHY you've rated each of the following:

The way my body  
looks \_\_\_\_\_

The way my body  
feels \_\_\_\_\_

How strong I feel \_\_\_\_\_

Current overall  
health \_\_\_\_\_

Sleep \_\_\_\_\_

Eating patterns \_\_\_\_\_

Spiritual life \_\_\_\_\_

Relationships (romantic and  
platonic) \_\_\_\_\_

What do you hope to accomplish through this process?

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## HEALTH PARTICIPANT INTAKE

How long do you expect to work with a health coach/therapist?

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How long have you thought about seeking help to make changes in your health?

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What do you most want from your health coach/therapist?

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What would be most *unhelpful* to you in this process? What *doesn't* work for you?

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*Most commonly, meetings occur 2x/month in 50-minute sessions, with suggested homework in between. Progress varies per person based on factors in and out of the meetings. Additional meetings may be available, if requested. Please email your coach between meetings with questions, concerns and victories.*