



Self Discovery Through Great Food

Your Inner Kitchen: Intake Form

All information will remain confidential between you and your health coach.

PERSONAL INFORMATION

First Name

Last Name

Today's Date

Address

City

State

Zip

E-mail

Phone:

How would you prefer to be contacted:

E-mail

Phone

Text Message

Age

Birthday

Marital Status

Single

Married

Divorced

Widowed

Children and Ages (please list)

GENERAL HEALTH:

Current
Weight

Desired
Weight

Medications and Supplements (please list)

Name of General Doctor

Other Practitioners

Past Medical Conditions and Hospital Stays (please list)

Current Medical Conditions (please list)

Family Medical Concerns (does anything run in your family?)

Currently Menstruating or Post Menopausal?

Yes

No

NUTRITION AND WELLNESS

What do you eat
for breakfast?

Lunch?

Dinner?

Snacks?

Do you like to cook?

Yes

No

What do you crave? What time of day?

Are there areas of your diet that you would like to work on? If so, why?

How often do you exercise?

Daily

A few times a week

Once a week

Once a month

Less than once a month

I don't exercise

What do you do for exercise?

How much sleep do you get in an average night?

More than 9 hours

8-9 hours

6-7 hours

Less than 6 hours

What time do you go to bed and wake up?

ABOUT YOU

What do you like to do to relax?

What do you do for fun?

What are your main goals in working with a health coach?

Have you ever worked with a coach before?

Yes

No

What else would you like me to know about you?