



Holistic Head To Toe
Empowered Wellness

FULL CLIENT INTAKE & PERSONAL HISTORY

Name: _____

Age: _____

Date: ____/____/____

Phone number(s): _____

Email: _____

Country (if not USA:) _____

Please note: It is recommended to set aside 1.5-2 hrs of quiet time to complete this detailed intake form. *Completion of this form is an important part of your self-discovery and is imperative to beginning our coaching relationship together.* With that said, if something doesn't resonate with you and you choose to skip a question, that's completely up to you. This is your journey, and I'm incredibly honored to come along side you on this path.

GENERAL/OVERVIEW

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

My biggest goals are:

The problems/goals I need help with are:

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

1 2 3 4 5 6 7 8 9 10

List what you have done so far to try to resolve the problem or achieve the goal. Are you currently working with anyone else for help with this goal or challenge?

List why or how any problems or challenges are affecting your life (why are they a problem?):

How long has this been a problem or struggle in your life? How long has your goal or goals been a goal for you?

When was it not?

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

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

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

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

How will you know when the problem has totally disappeared or when the goal has been reached? What will that look like or feel like?

How will it feel/look like in your life when the problem is gone, or the goal has been achieved?

Are you willing to take the steps necessary to release the problem from your life/resolve the problem and/or achieve the goal?

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

1 2 3 4 5 6 7 8 9 10

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:

To me, fulfilling relationships would look like:

To me, financial wellbeing means:

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

What areas are your areas of struggle? Example of main areas: health and wellness, relationships and family, finances and career, or spirituality and self-development.

What one thing if resolved or achieved would have the single biggest positive impact on all other areas of your life?

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Do you struggle to find balance between your fitness needs, personal needs and self-care, life tasks and responsibilities, 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 growth or healing in?

What are some of the things that you feel limit you in growth or block you from living your best life and 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, experience, create 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.

Please share how you identify so that I can best support you. Example gay, straight, transgender, queer, non-binary. How you identify can also be race, religion, cultural, educational, socio-economic or any disabilities. You may also identify as ‘in recovery’ from something. Please list any ways you identify below:

Health & Wellness (and the physical system)

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 (nighttime, 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?

Do you use recreational drugs, if so, what kinds and how often?

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, 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 your typically eating habit: 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?

How many times per day do you eat?

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

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

How often do you eat canned, pre-prepared 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?

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 your body do you feel are your weakest?

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

Do you have any negative feelings towards your body shape, size, or other physical aspects of yourself?

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 your biggest or most important goal to achieve in your fitness, nutrition, and physical health?

What would you like to be different, better, or more in your physical world (health, fitness, nutrition, and/or things you have or do not have in your life)?

What level of financial wellness do you have?

Do you feel your environment (home) is organized and peaceful or cluttered and disorganized?

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

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).

Have you experienced any prejudices, biases, racism, sexism, or any other forms of 'other-ism'?

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 overweight? 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?

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?

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 and created to do – are you “living your dream”?

How many hours per night do you sleep and is it quality sleep? Do you wake feeling rested?

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

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

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

Emotional Wellbeing (the emotional system)

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?

Have you ever experienced any type of trauma?

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 un-forgiveness towards any person, place, thing, or situation (including towards religion or God, Buddha, Allah, etc.)?

How often do you see or speak to friends?

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

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, co-workers, spouses, and lovers/partners) in the past and present?

Have you noticed any patterns that seem to occur in your relationships? If so, can you please share what you have noticed?

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 and dating or are married, how often do you and your significant other 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?

Do you have any children? If yes, what has the parenting journey been like for you?

Do you consider your relationship with your family to be 'close'? Do you have any siblings? If so, please describe your relationship with them.

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

Do you have or have you had any negative associations with sex or your sexuality? Have you experienced any guilt or shame around sexuality?

Is your current sex life fulfilling? Is there anything that you would you like to be different, better or more of?

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, television, sex, drugs, sleep, alcohol, shutting down/avoidance, shopping, anger, reading, and others?

Do you feel satisfied with your personal life?

Mind or Mental System

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).

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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)?

Do you feel that your thought life (your thought habits and patterns) are productive and beneficial or limiting and not constructive?

What level of clarity do you feel when making decisions? On a scale of 1-10, 10 being the most clarity and 1 being the least clarity.

SPIRITUAL

What are your spiritual beliefs?

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

Do you share the same beliefs as your family? As your partner (if you have one)?

How do you choose to practice your beliefs?

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

What causes in the world are you passionate about? How are you involved in them?

Do you do any service work or contribute within your community?

How do you think your spiritual life could be strengthened?

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

Do you have a fulfilling spiritual life?

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