

SIMPLY GROUNDED YOGA/PILATES

Health Coaching Intake Form

Personal Information

- Full Name:
- Date of Birth:
- Gender:
- Address:
- Phone Number:
- Email Address:
- Preferred Method of Contact (Phone/Email):

Emergency Contact

- Name:
- Relationship:
- Phone Number:

Health and Medical Information

- Do you have any chronic illnesses or conditions? (e.g., diabetes, hypertension, asthma)
 - If yes, please specify:
- Are you currently taking any medications or supplements?
 - If yes, please list them:
- Do you have any allergies or dietary restrictions?
 - If yes, please specify:
- Have you had any surgeries or major medical procedures in the past five years?
 - If yes, please specify:
- Do you have a family history of chronic illnesses or conditions?
 - If yes, please specify:

Lifestyle and Well-being

- Occupation:
- Work Hours:
- Do you smoke?
- Do you consume alcohol?
 - If yes, how often?
- How many hours of sleep do you get on average per night?
- Do you experience any sleep issues?
 - If yes, please specify:

Physical Activity

- How often do you exercise?
- What types of physical activities do you enjoy or participate in?
- Do you have any physical limitations or injuries that affect your ability to exercise?
 - If yes, please specify:

Nutrition and Diet

- How would you describe your current diet? (e.g., balanced, vegetarian, vegan, high-protein, etc.)
- Do you follow any specific dietary plans or restrictions?
 - If yes, please specify:
- How many meals and snacks do you typically consume in a day?
- Do you have any specific goals related to your diet or nutrition?

Mental and Emotional Health

- On a scale of 1-10, how would you rate your current stress level?
- Do you practice any stress management techniques?
 - If yes, please specify:
- Do you experience any mental health challenges (e.g., anxiety, depression)?
 - If yes, please specify:

Goals and Expectations

- What are your primary health and wellness goals? (e.g., weight loss, increased energy, better sleep, improved fitness, etc.)
- What motivates you to achieve these goals?
- What are your expectations from health coaching?

Additional Information

- Is there anything else you would like to share or think is important for your health coach to know?

Signature

- Signature:
- Date:

Please fill out this form as accurately as possible to help us understand your needs and design a personalized health coaching plan for you. Thank you!