



Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

PERSONAL INFORMATION

Today's Date: _____

First Name: _____ Last Name: _____

Email: _____ How often do you check email? _____

Phone: Home: _____ Work: _____ Mobile: _____

Age: _____ Height: _____ Birthdate: _____ Place of Birth: _____

City/state where you currently live: _____

How did you hear about Vivid Heart? _____

SOCIAL INFORMATION

Relationship status: _____

Children: _____ Pets: _____

Grandkids: _____

Occupation: _____ Hours of work per week: _____

How long in current job? _____ Do you enjoy it? _____

Do you consider yourself an introvert or extrovert? _____

HEALTH GOALS

Please list your main health concerns: _____

Other concerns and/or goals? _____

The most important thing I should do to improve my health is: _____

HEALTH INFORMATION

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, how? _____

At what point in your life did you feel best? _____



Health History / Intake Form

HEALTH INFORMATION (continued)

Rate your stress level (0 low – 10 high): _____

What causes your stress? _____

What exercise/sports do you participate in? _____

How many days per week do you exercise? _____ How long per session? _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

What is your ancestry? _____ What blood type are you? _____

How is your sleep? _____ How many hours? _____ Do you wake up at night? _____

Why? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities? Please explain: _____

Any serious illnesses/hospitalizations/injuries? _____

Please list any supplements or medications you take: _____

Please list any healers, helpers, or therapies you are working with: _____

WOMEN'S HEALTH

Are your periods regular? _____ How many days is your flow? _____ How frequent? _____

Painful or symptomatic? Please explain: _____

Reached or approaching menopause? Please explain: _____

Birth control history: _____

Do you experience yeast infections or urinary tract infections? Please explain: _____



Health History / Intake Form

FOOD INFORMATION

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your food like these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? _____

Do you cook? _____ What percentage of your food is home-cooked? _____

Where does the rest of your food come from? _____

Do you crave sugar, coffee, cigarettes, or have any major addictions? _____

Do you consume caffeine? _____ What types? _____

How often (everyday)? _____ Total quantity per day? _____

Do you drink alcohol? _____ What types of alcohol? _____

How often (days/week or month)? _____ How many drinks at a time? _____

ADDITIONAL COMMENTS

Anything else you would like to share? _____

Please email your completed health history form to vividheartcoach@gmail.com —OR— print and bring a copy to your session. Thanks!