



Health Intake Form

Thank you for taking the time to fill this out. Please email the completed version back to me at healthcoachtavia@gmail.com prior to your session.
(All information will be kept confidential.)

Name: _____ DOB: _____ AGE: _____

Address: _____ City _____ Ht _____ Weight _____

State & Zip _____ Phone: _____

Email: _____ Occupation: _____

1. What is your main health concern or challenge?

2. What have you done in the PAST to work on this health condition (include both alternative & traditional modalities)? Has anything proven effective? If so, please list.

3. What is your TYPICAL current diet like? Please be specific: list breakfast, lunch, dinner, and snacks, as well as the times you eat. (1 or 2 examples)

Breakfast: _____ Time: _____

Lunch: _____ Time: _____

Dinner: _____ Time: _____

Snacks/Go items: _____

4. Are you taking any medications and/or supplements? Please list what you take and what it's for.

5. Have you had any major surgeries? IF 'yes' explain what kind and dates:

6. What is your activity level? On a scale of 1-10 (10 being most active) _____

7. What obstacles, challenges, and struggles do you have with your current diet/lifestyle?

8. What do you hope to get out of your time with me?

9. What are 3 things you LOVE about your life? What do you do for fun?

1.

2.

3.

FOR FUN I LIKE TO:_____

10. What would you like your health to be 30 days from now? How about 90 days from now? How would you feel if you got this result?

30 days I would like:

90 Days I would like:

Finish this sentence:

I would feel _____ If I got the result I wanted.

11. When was your last physical exam done by a doctor? _____

12. When did you last have routine blood tests/lab work done? _____

13. (Ladies only) Are your menstrual cycles regular? YES NO (circle one) If NO, please explain

14. What's your current stress level? Scale of 1-10 (10 being VERY STRESSED) _____

15. Do you Smoke? YES NO

16. Do you Consume Alcohol? _____ How much? _____

17. Do you have a family history of cancer, stroke, heart attacks or major illness? If yes, Please explain:

18.

Please return form 24 hours or sooner before your 1st appointment.

***Thank you,
Health Coach Tavia***

Please add anything else here that you would like me to know: