

Client Intake Form

Personal Transformation Coaching Program

What are a few of the main concerns you have regarding your mental, physical, emotional and spiritual health currently?

Please share what a day in your life looks like in terms of what you eat, drink, exercise, work and sleep schedule. *(This gives us a way to walk in your shoes and understand how your day impacts your life and health.)*

What medications do you currently take?

What vitamins, minerals, and/or supplements do you currently take?

Do you smoke?

What injuries, surgeries or health conditions have you had or do you have that impact your life currently?

Do you have any food, supplement or environmental allergies?

On a scale of 1-10, 1 being the lowest measure, how healthy & energetic do you feel?

What foods do you love?

What foods do you hate?

What exercises do you love to do?

What exercises do you hate to do?

Name 1-3 changes that you know you need to make in your health?

What holds you back or sabotages you from making those changes?

How does your mental and emotional health support or sabotage you?

How do your family & friends impact your health goals & longevity of them?

What programs have you tried before? Did they work for you? How or how not?

Are you ready to make your complete health a priority now?

What do you envision when you think of yourself as healthy, well and energetic? What does that look and feel like for you?

When we talk about living out loud, living in complete alignment with your deepest, truest, authentic self, what does that mean to you?

What would it feel like to be as real and free in who you are and how you live outside of yourself as you feel inside yourself?

How can we best support you?