

# Wellness Coaching Intake Form

## Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

## Emergency Contact

Contact Name

Contact Phone

## Health & Wellness

What are your wellness goals?

Brief Health History

Current Medications/Supplements

**Allergies**

**Describe your current support system**

**Lifestyle**

**Exercise Routine**

**Nutrition/Eating Habits**

**Stress Level (1-10)**

**Average Hours of Sleep per Night**

**Other Details**

**What do you expect from wellness coaching?**

**Any additional concerns or information?**