Health Coach Intake Form

Client Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Tom	Richards		

Gender	Preferred Pronouns	Date of Birth	Marital Status
Male	He/Him	09/16/1988	Unmarried

Address	City	State	Zip Code
50 Example Avenue	New York	NY	10011

Email	Preferred Phone Number
tomrichards88@example.com	222-333-444

Emergency Contact

Full Name	Relationship	Contact Number
Helen Richards	Mother	123-456-789
Jane Richards	Sister	000-111-222

Health and Medical Information

Primary Care Physician	Address	Contact Number
Dr Lucy Carter	8 South St, Mercy Drs	999-000

Please list any medical conditions
N/A

Please list any current medication
N/A

Insurance Information (If Applicable)

Insurance Carrier	Insurance Plan	Contact Number
United Health	Plan A	123 000
Policy Number	**Group Number**	**Social Security Number**
62901	5Y	000 00 0000

Employment Status

- [x] Employed
- [ ] Self Employed
- [ ] Unemployed
- [ ] Other _____

Occupation	Industry	Company Name
Teacher	Education	Central City Primary School

Company Address	City	State	Zip Code
	New York	NY	10012

Health Goals

Please select your health goals

- [ ] Lose Weight/Fat
- [ ] Gain Weight
- [ ] Maintain Weight
- [ ] Add Muscle
- [ ] Improve Overall Health
- [x] Improve Physical Fitness
- [x] Look Better
- [ ] Feel Better
- [x] More Energy/Vitality
- [ ] Healthy Aging
- [x] Control Eating Habits
- [x] Get Stronger
- [ ] Physique Competition/Modeling
- [ ] Improve Athletic Performance
- [ ] Get Off or Reduce Medications
- [ ] Other:

All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my (or patient's) health.

Signature of Client	Date
	10/22/2022