Health Coach Intake Form

Client Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Gender	Preferred Pronouns	Date of Birth	Marital Status

Address	City	State	Zip Code

Email	Preferred Phone Number

Emergency Contact

Full Name	Relationship	Contact Number
Full Name	Relationship	Contact Number

Health and Medical Information

Primary Care Physician	Address	Contact Number

Please list any medical conditions

Please list any current medication

Insurance Information (If Applicable)

Insurance Carrier	Insurance Plan	Contact Number
Policy Number	Group Number	Social Security Number

Employment Status

◯ Employed ◯ Self Employed ◯ Unemployed ◯ Other _____

Occupation	Industry	Company Name

Company Address	City	State	Zip Code

Health Goals

Please select your health goals

- ☐ Lose Weight/Fat
- ☐ Gain Weight
- ☐ Maintain Weight
- ☐ Add Muscle
- ☐ Improve Overall Health
- ☐ Improve Physical Fitness
- ☐ Look Better
- ☐ Feel Better
- ☐ More Energy/Vitality
- ☐ Healthy Aging
- ☐ Control Eating Habits
- ☐ 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