Name _____ Date _____

Confidential client intake form

Contact information

Address: _____

Telephone: _____ Email: _____

Prefered contact method: Email ___ Phone ___ Other: _____

Date of birth: _____ Place of birth: _____

Occupation: _____ Place of work: _____

Living arrangement (alone, with spouse, with roommate, etc.): _____

Do you have any pets: _____

Health information

Primary health concern: _____

_____

Have you ever had any major injuries or accidents? _____

_____

Have you ever had surgery? _____

_____

Do you have any known allergies? _____

_____

Medications, prescription and non-prescription: _____

_____

Significant family medical history: _____

_____

Lifestyle factors

How would you best describe your eating habits? Check all that apply.

❑ SAD, aka Standard American Diet: mostly fast food, pre-packaged food, microwave dinners
❑ Restaurant-goer: I eat out at restautants, cafés, or bistros on a regular basis
❑ Doing alright : some home-cooked meals with occasional convenience or fast food
❑ Diligent: I pay attention to what I eat and try to follow proper nutrition
❑ Homestyle: mostly home-cooked from scratch, using fresh, whole foods
❑ Allergy aware: I avoid certain foods as I feel much better without them: _____
❑ Super restrictive: I have to be very careful with what I eat beacuse I am intolerant to so many things
❑ Strictly healthy: I am super focused on nutrition, I always choose organic, I eat super foods daily and avoid 'bad' foods at all cost
❑ Trendy: I like to follow all the latest trends and change my eating habits accordingly
❑ Passive: I don't have control over what I eat; I eat watever is served to me, whether it is by choice or not
❑ Picky: I always eat the same few foods, there are many tastes I don't like
❑ Indulgent: I eat whatever and whenever I want and I don't think about the consequences
❑ Raw
❑ Vegan
❑ Vegetarian
❑ Paleo
❑ Keto
❑ Other: _____

Describe your typical daily food intake: _____
_____

Do you have any food cravings? _____

Your fitness level:

❑ Sedentary
❑ Moderately fit
❑ Very fit
❑ Super athlete

Briefly describe your fitness routine: _____
_____

Asssess your stress level from 1-10 and briefly descibe how it affects your daily life: _____
_____

Briefly describe your sleeping habits: _____
_____

Briefly describe you hobbies, interests, or pastimes: _____
_____

Do you have any other strange or seemingly unrelated symptoms? _____
_____

Do you have any other health concerns you would like to address? _____
_____