

CLIENT INTAKE

Comprehensive Health History Questionnaire

A done-for-you health history resource from the Client Intake collection. Customize it with your branding and use it with your clients today.

Client Details

Full Name _____ **Date** _____

Email _____ **Phone** _____

Address

Health & Lifestyle

What are your top 3 health goals?

Current health concerns or conditions

Current medications / supplements

Sleep, stress & energy levels

Typical daily diet & water intake

Exercise & movement habits

Agreement & Signature

By signing below, I acknowledge that health coaching is not a substitute for medical advice, diagnosis or treatment, and I consent to participate in coaching services.

Client Signature

Date

Coach Signature

Date
