

CLIENT INTAKE

# Medical Release Authorization Form

A done-for-you consent 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**

---

---