Date:

FIT FOR KINGDOM LIVING

CLIENT INTAKE

Name:

Date of Birth:

Phone number:

Email address:

Height: (optional)

Weight: (optional)

Occupation: (optional)

Place of Residence: (optional)

What is your primary reason for seeking coaching at this time?

- ☐ Healthier eating habits
- ☐ Portion Control
- ☐ Learn about nutrition
- ☐ Difficulty sleeping
- ☐ Keeping weight at ideal level
- ☐ How nutrition can Improve my memory
- ☐ Better management of chronic conditions
- ☐ other....

Have you had any previous coaching or treatment before?

Past medical history including past conditions and family history:

What medications or supplements are you currently taking?

CLIENT INTAKE CONT.

Do you experience any of the following symptoms?

- ☐ Headaches
- ☐ Joint pain
- ☐ Gastrointestinal issues
- ☐ Difficulty sleeping
- ☐ Anxiety/depression
- ☐ Cardiac issues
- ☐ Difficulty gaining weight
- ☐ Difficulty losing weight
- ☐ Fatigue
- ☐ Skin issues
- ☐ Balance issues
- ☐ Frequent infections

Who do you live with and are they supportive of your health journey? Are their others who can help hold you accountable?

Do you enjoy cooking?

How often do you exercise? What type of exercise are you doing?

Have you ever taken anti-biotics? If so, when?

How often do you have a bowel movement (once/twice daily, every other day, etc.)

CLIENT INTAKE CONT.

Do you have any food allergies or sensitivities?

How much sleep do you get per night?

Do you feel you have a lot of stress in your life? If so, what do you feel this is related to?

How much time do you spend each day on the phone or on the computer?

How much water do you drink daily?

Do you smoke or drink alcohol? If so, how often?

CLIENT INTAKE CONT.

How often do you get outside? When during the day is this?

What type of work do you do? Are you up on your feet and active or sedentary at work?

Have you had any recent testing such as blood work, imaging, stool tests, or other medical testing?

Are you currently on any specialized diet?

Any additional comments for your coach:

CLIENT INTAKE CONT.

In a typical week, how many times do you eat at fast food (drive thru, delivery or take out) and/or casual dinning restaurants?

- [ ] Never
- [ ] Rarely
- [ ] 1-3 times
- [ ] 4-6 times
- [ ] 7 or more times
- [ ] Don’t know

In a typical day, how many servings of fruit, such as an apple or a banana, do you eat? (1 serving = 1/2 cup_

- [ ] None
- [ ] 1 serving
- [ ] 2- 3 serving
- [ ] 4-5 serving
- [ ] 6 or more servings
- [ ] Don’t know

In a typical day, how many servings of vegetables, such as an tomato or a green beens, do you eat? (1 serving = 1/2 cup_

- [ ] None
- [ ] 1 serving
- [ ] 2- 3 serving
- [ ] 4-5 serving
- [ ] 6 or more servings
- [ ] Don’t know

When you buy fruits and vegetables which do you buy more of?

- [ ] Fresh
- [ ] Frozen
- [ ] Canned

Any additional comments for your coach:

CLIENT INTAKE CONT.

In an average week, how many days do you exercise?

- [ ] I don’t exercise
- [ ] 1-2 days per week
- [ ] 3 -4 days per week
- [ ] Every day
- [ ] Occasionally

On the days you exercise, how much time do you spend exercising?

- [ ] Less than 15 min.
- [ ] 15-30 mins
- [ ] 30-45 mins
- [ ] More than 1 hr
- [ ] Don’t keep track

How did you hear about this session?