



## Client Intake Form

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Are you happy with your weight?** \_\_\_\_\_



**Would you like to change your weight, and if so - how?**

---

---

---

---

**Relationship Status:** \_\_\_\_\_

**Pets:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Hours worked per week:** \_\_\_\_\_

**Main health concerns:**

---

---

---

---



**Current Struggles:**

---

---

---

---

**Current Goals:**

---

---

---

**Time frame you would like to achieve goals:** \_\_\_\_\_

**Describe your daily routine:**

---

---

---

---



**Describe what you normally eat throughout the day:**

---

---

---

**Do you take any supplements or medications? Please list.**

---

---

---

---

**Are you currently seeing any health professionals?**

---

---

**Do you have a support system?**

---

---



**Do you have anything you would like to share, or that you feel I need to know?**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Please fill out this form and email to: [peggy@healthcoachmt.com](mailto:peggy@healthcoachmt.com).**