

HOLISTIC WELLNESS COACHING ASSESSMENT FORM

Please print, fill out the information, upload and send via e-mail 48 hours prior your first session.

Date: _____

Name: _____ (First)
(Last) (Middle Initial)

Name of parent/guardian (if you are a minor):

_____ (First)
(Last) (Middle Initial)

Birth Date: ____ / ____ / ____ Age: _____ Gender: Male Female

Address: _____ (Street and
Number) (City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

Marital Status: Never Married Partnered Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Emergency Contact Name: _____

Phone: _____

Current Primary Physician: _____

Current Holistic Practitioner(s)?: _____

WELLNESS GOALS:

Priorities for holistic wellness coaching? (Improve energy, increase physical activity, weight, reduce need for medication, improve sleep, reduce stress, quit smoking/drinking or other addiction, etc.)

List current health challenge(s), in order of priority, and how long you've had the issue(s):

1. _____
2. _____
3. _____

DIET:

Coffee - caffeinated Cow's Milk Coffee - decaffeinated Plant Based milk Tea – black/regular Tap water Tea – Herbal/Green Bottled water Soft drinks (caffeine) Filtered Water Soft drinks (caffeine free) Sports/Energy Drink Fruit Juice Alcohol (yes or no): _____ If alcohol, sugared drinks or caffeine how many times a week? _____

Do you use artificial sweeteners such as Stevia, Splenda or NutraSweet/aspartame? Yes No

On average, how many times a week do you dine out? _____

What foods do you crave?

_____ Do you eat organic foods? Yes No If yes, what percent of total food intake is organic _____

Do you avoid certain foods? If so, please list:

_____ Do you consume raw fish/seafood (ie. sushi)? Yes No

Do you eat the recommended servings of fruits and vegetables daily? Yes No

Food Allergies: _____

Other Allergies: _____

List all nutritional supplements you take and reason for taking:

HEALTH HISTORY:

List condition and indicate self and/or family member (diabetes, high cholesterol, cancer, etc):

Do you currently smoke Yes No

Did you smoke in the past? Yes No

How many years ago did you quit? _____

Does anyone in your home smoke? Yes No

Do you have tattoos and year(s) applied? Yes No _____

Is there any history of alcohol or substance abuse in your family? Yes No

If yes, please note self, spouse, parent or siblings.

List all prescription medications, vaccines, injections, birth control and hormone replacement you are currently using and note the medical condition they are for:

Are you pregnant or nursing? Yes No

Are you Pre- or Post-Menopausal? Yes No

Circle any digestive issues you experience. Gas, Bloating, Acid reflux, Belching,

Other: _____

On average, how many hours do you sleep per night? _____ On average, what time do you go
bed? _____

Do you sleep through the night? ___Y ___N If awakened, what time? _____

Rate your stress level on scale 1-10 (1=low, 10=high) _____ Rate your energy level on scale 1-10 (1=low,
10=high) _____ Is weight loss or gain something you'd like to experience? Yes No

If YES, How many pounds _____?

On average, how many times do you exercise weekly? _____

What strategies are you using currently to improve your health? _____

Holistic wellness coaching sessions are conducted by e-coaching or in person through an affiliated organization or affiliated holistic integrative specialist. Holistic wellness e-coaching sessions, documents and payments are through Facebook messenger for verification purposes. In person holistic wellness coaching sessions, documents and payments are through affiliated organizations or affiliated holistic integrative specialist centers. Sessions conducted with a minor must be assisted through a parent or guardian. Consultations with NICOLE MCNEILL, Holistic Wellness Coach, are not intended to diagnose treat, or cure. This consultation is for educational purposes and strategic planning only. Holistic wellness coaching is not a substitution for medical care. Referrals are provided to holistic or integrative specialists.

Cancelled e-coaching sessions must be notified 24 hours prior to the scheduled session. If notification is not given 24 hours prior to the scheduled session time, there is a 50% cancellation fee (\$22.50) deducted from the \$45.00 payment made 48 hours before your scheduled coaching session. All cancelled sessions will be refunded \$22.50.

Holistic wellness coaching Disclaimer of Liability: By signing below, I, the client, hereby employ a Holistic Wellness Coach for the purpose of supporting my goals through a strategic plan and/or referral to holistic specialists. I, the client, agree to render wellness coaching services for \$45.00 per 1-hour session. If the session is cancelled, I agree to pay a cancellation fee of \$22.50 from the \$45.00 payment made at least 48 hours prior to the scheduled session. Any child under my care is assisted through my support in every holistic wellness coaching session. I understand that consultations with NICOLE MCNEILL, Holistic Wellness Coach, are not intended to diagnose treat, or cure. I understand that the holistic wellness

coaching is for educational purposes and strategic planning only. Holistic wellness Coaching is not substitution for medical care. I understand referrals are provided to holistic or integrative specialists.

I have read and agreed to the Policies and Disclaimer of Liability.

Client's Signature/Date _____

Guardian's Signature/Date (if applicable) _____

Once you have completed this form please email or bring to the initial session.