



Client Intake Form

Client Name: _____

Email: _____

Phone or Skype ID: _____

Health History/Current Conditions/Medications

Health & Weight Loss Goals

Measurements (Weight, Waist & Hips)

How do you FEEL every day? (i.e. energy level, depressed or optimistic, stressed, etc.)

Comments, questions, or any other communication you'd like me to know about your current health condition and your specific program goals.

Client Assessment Form

Name:

Birthdate:

Describe a day in your life in regards to your diet. What time, how much, and what foods do you eat for breakfast (if any), lunch, snacks, dinner, late night, etc? (Please be as detailed and honest as possible! The more detail you give me, the more I can help you reach your goals!)

How do you sleep? (How much and what time to what time) typically?

Do you take supplements or vitamins? _____ If yes, list each one and how often you take them.

How much water do you drink, typically, in a day? _____

Do you drink caffeine? _____ How much & how often? _____

Do you currently exercise? _____ If you answered yes, how often and for how long?

Do you feel that your life is balanced and prioritized properly? Why or why not?

Do you cook meals at home? _____ How often? _____

Would you consider yourself a beginner, medium skill level, or highly skilled in your home kitchen?

Client Goal Setting

Choose 2 or 3 areas of your health that you would like to begin making change in during these 12 weeks!

Nutrition/Way of Eating:

Types of foods you eat, how much food you eat, learn to enjoy food and relish mealtimes again while maintaining a healthy weight.

Activity/Exercise:

Frequency and type of exercise you regularly participate in, learn to find long-term enjoyment in physical activity.

Rest/Sleep:

Prioritizing rest and sleep over other activities, learn to use lifestyle habits to promote healthy sleep and enjoy it.

Habits/Addictions:

Behaviors that affect your mental or physical health, learn to free yourself from hold of unhealthy habits or addictions.

Spiritual:

Relationship with God, learn to make it a habit to find time to read the Word, meditate, and pray.

Family/Relationships:

How you relate to those around you, how well you listen and invest in others, learn to find peace and enjoyment in relationships.

Emotional Health/Self-Esteem:

How you view yourself, how much confidence you have in your identity.

Areas to focus on:

1. _____

2. _____

3. _____

Client Goal Setting

WHY DO I WANT TO DO THIS?

Write the first area of your health that you chose to work on, and explain in 2 or 3 sentences why you want to work specifically on this area.

WHAT DO I WANT TO DO?

Get very specific about the goal as it applies to your current lifestyle.

WHEN SHOULD THE GOAL BE COMPLETED?

Provide detail on the date you would love to see it completed – but be realistic, you know yourself better than anyone! This exercise will hold you accountable to yourself.

HOW THE PLAN WILL WORK:

When you break the goal down into small steps, with a completion date assigned to each step, you make this “dream” of achieving whole health an actual goal! Write out each step, assign a number to show the order of importance, and remember to assign a specific deadline to each step. Note: If you miss a step, don’t throw the whole goal out, just move your dates and stay the course!

ORDER:

STEPS:

DEADLINE:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Goal Setting SAMPLE

WHY DO I WANT TO DO THIS?

Write the first area of your health that you chose to work on, and explain in 2 or 3 sentences why you want to work specifically on this area.

Ex. - Nutrition: Because God promises wholeness and abundant health if I walk in obedience to His commands to take care of myself properly. Eating right will allow me to live a fuller life, and provide a better future for myself and my family.

WHAT DO I WANT TO DO?

Get very specific about the goal as it applies to your current lifestyle.

Ex. - To learn and apply the proper dietary choices to my life, to eat smaller portions and more whole foods. To eliminate junk foods from my diet.

WHEN SHOULD THE GOAL BE COMPLETED?

Provide detail on the date you would love to see it completed – but be realistic, you know yourself better than anyone! This exercise will hold you accountable to yourself.

Ex. - Eating healthier habitually by 12 weeks from now – to be on the path to lasting diet change and 20 pounds down by the end of twelve weeks.

HOW THE PLAN WILL WORK:

When you break the goal down into small steps, with a completion date assigned to each step, you make this “dream” an actual goal! Write out each step, assign a number to show the order of importance, and remember to assign a specific deadline to each step.

Note: If you miss a step, don't throw the whole goal out, just move your dates and stay the course!

ORDER:	STEPS:	DEADLINE:
Examples:		
1	Set up a new diet plan to follow this week	
2	Set up accountability system to help stick w/plan every week	
3	Choose several Scriptures to post about goal immediately	
4	Begin to gather information on changing diet every week	