



Holistic Nutrition Counseling and Health Coaching Intake Form

Name _____ Birthdate _____

- What are your main health goals and aspirations?

- Why is it important for you to achieve your health goals?

- To what extent are you committed to reaching your health goals?

Not very Somewhat Moderate Extremely

- Do you experience symptoms after eating certain foods (indigestion, fatigue, rash, etc)? If so, please list the food and associated symptom(s).

- How much time do you currently spend on meal prep per week?

0-2 hrs 2-4 hrs 4-6 hrs 6+ hrs

- If you don't currently meal prep, how much time are you willing to set aside for meal prep?

0-2 hrs 2-4 hrs 4-6 hrs 6+ hrs

- On a scale of 1-10 (1 being the least, 10 being the most), what is the highest level of stress you experience on a regular basis.

1 2 3 4 5 6 7 8 9 10

- What are your current stress management tools?

- Describe your relationship to exercise:



Diet Diary for Nutritional Counseling and Health Coaching Appointments

	Day 1	Day 2	Day 3
Breakfast			
Snack			
Lunch			
Snack			
Dinner			



	Day 4	Day 5	Day 6
Breakfast			
Snack			
Lunch			
Snack			
Dinner			