Emanant Health & Wellness Coaching

Personal Information

Full Name _____

Birthdate _____

Street & Number _____

City & Zip _____

Cell Phone _____ Email _____

Occupation _____

Emergency Contact: Name, _____

Relationship, Phone Number _____

Health & Wellness Goals

What are your health and wellness goals? Why are they important to you?

Personal Health & Family History

Health History

What's the most important thing you'd like to share about your health story?

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Do you have any of the following? If so, please list:

Doctor: _____

Other medical specialists: _____

Other holistic healers: _____

Please list any supplements or medications you take:

Have you experienced any barriers or challenges to obtaining the right healthcare?

Medical Information

Medical diagnoses or conditions:

History of serious illness, hospitalizations, injuries, or surgeries:

Family History

Describe the Health of your:

Mother: _____

Father: _____

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Is there anything from your childhood pertaining to your health, or health conditions within your larger family system (both past and present), that you'd like to share?

Physical Health Information

Current Weight _____ Height _____

Blood Type ☐ O ☐ A ☐ B ☐ AB

Sleep

- How many hours do you sleep per night on average _____
- How would you describe the quality of your sleep? _____

How is your energy level most days?

◯ **1** ◯ **2** ◯ **3** ◯ **4** ◯ **5**

Very Low Very High

Do you experience pain, swelling or stiffness on a regular basis? If so, please explain:

Please provide detail about your experience with Antibiotics (what have you taken and when)?

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Do you have any of the following concerns? Please Check all that apply:

Metabolic Health:

☐Blood sugar imbalances ☐Elevated Blood Pressure
☐Elevated Cholesterol ☐Elevated Triglycerides
☐Other _____

Digestive Health:

☐ Bloating ☐ Constipation
☐ Nausea ☐ Stomach Pain
☐ Diarrhea ☐ Gas
☐ Other _____
How many bowel movements do you have per day? _____

Reproductive Health:

☐ Infertitily ☐ Low Libido
☐ Irregular Menstrual Cycle ☐ Other _____
_____

Hormonal Health

☐ Thyroid Condition ☐ Toxin Exposure
☐ Signs or Symptoms of Hormonal Imbalance: _____
_____

Immune Health

☐ Autoimmune Conditions ☐ Frequent illness or infections
☐ Allergies/sensitivities: _____ ☐ Low Vitamin D
☐ Other: _____

Brain Health

☐ Brain Fog ☐ Difficulty concentrating
☐ Forgetfulness ☐ Other: _____

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Nutrition Information

What foods did you grow up eating?

How would you describe your past relationship history with food? Do any specific memories of food or eating come to mind?

Describe your current relationship with food:

Do you have any food allergies or intolerances? If so, please describe:

Do any of the following apply to you? (check all that apply)

- ☐ Challenges with preparing meals
- ☐ Difficulty with chewing or swallowing
- ☐ Challenges with access to food
- ☐ Poor appetite

Do you use any of the following products? (check all that apply)

☐ Alcohol ☐ Tobacco ☐ Other substances

Do you follow a specific eating approach/practice for personal, health, or religious reasons (e.g., vegan, ketogenic, kosher)? If so, please explain:

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What does a typical day of eating look like for you? List a few foods/meals and drinks you usually consume in the corresponding categories:

Breakfast	**Lunch**
Dinner	**Snacks**

What, if anything, would you like to change about your nutrition?

Mental & Emotional Health Information

How would you describe your overall mental and emotional health?

How do you like to support your mental health?

How do you cope with stress?

Using a 1–5 scale (where 1 = never and 5 = always), rate how often you experience each of the following:

Anger _____ Excitement _____ Fear _____ Joy _____ Love _____

Sadness _____ Stress _____ Worry _____

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Spiritual Health Information

What role does spirituality play in your life, if any?

Lifestyle Information

What are the most important relationships in your life?

Is there anything you'd like to share about your social life? If so, please explain:

Who do you live with if anyone? _____
How many hours per week do you typically work? _____
What hobbies or recreational activities do you enjoy? _____

What role does movement, including sports, exercise, and physical activity, play in your life?

Additional Comments

Is there anything else you'd like to share?