



Nutrition & Health Coaching

Nutrition Consultation Intake Form

The information requested below will assist us in helping you reach your goals safely. Feel free to ask any questions about the information being requested. Please note that all the information provided below will be kept confidential unless permission is granted by you or required by law. Your written permission will be required to release any information.

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Postal Code: _____

Primary Phone #: _____ Alternative #: _____

Email: _____ (for office use only)

Who referred you to our office? _____

Have you ever seen a nutritionist before? Y / N If yes, please describe your experience (what you did / did not like): _____

Current therapies (massage, naturopath etc.) _____

Health Goals: List one to five health goals that you would like to attain for yourself, in order of priority. How long have these been a concern to you?

1. _____

2. _____

3. _____

4. _____

5. _____

"I haven't felt well since": _____

Questionnaire:

- 1. Are there any foods you crave or can't live without? _____

- 2. Are there any foods that you are allergic/sensitive to or choose to avoid? Y / N If yes, which foods and why? _____

- 3. How many hours of sleep do you receive in an average night? _____
Bedtime: _____ Wake Time: _____ Do you wake feeling rested? Y / N
- 4. On a scale of 1-10, how stressed do you feel? (0 = no stress, 10 = complete overwhelm) _____
- 5. What do you do to manage / relieve your stress? _____

- 6. How is your concentration / focus? _____
- 7. How do you incorporate movement/exercise into your life? _____

- 8. What could get in the way of achieving your goals? _____

Please read and sign the following:

Nutritional Consultation Client Statement of Consent

I hereby attest to the following:

- 1. I fully understand that the Health Coaches at Beatty Naturopathic are not medical doctors and I am not here for medical diagnostic or treatment procedures.
- 2. The services performed by the Health Coaches at Beatty Naturopathic are at all times restricted to consultation on the subject of nutrition intended for building wellness and do not involve the diagnosing, prognosticating, treating, or prescribing remedies for the treatment of disease, or any act for which a medical license or medical authorization is required.
- 3. This agreement is being signed voluntarily and not under duress of any kind.

Signed: _____ Date: _____