

# CLIENT INTAKE FORM

*Affinity Health Coaching*



## CLIENT INFORMATION

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Married: Y or N      Number of Children: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ASSESSMENT QUESTIONNAIRE

1. Briefly explain your motivation for seeking health coaching at this time.

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2. Is there a specific goal you want to focus on? If so, how long have you struggled with this area of your life?

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3. Briefly explain what you're hoping to get out of health coaching.

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4. In your own words, how will you know that you've obtained the goal you've set out to reach through health coaching?

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5. Are there any specific obstacles or triggers that I should know about that you feel are relevant to the health coaching process?

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6. Additional Comments or Concerns:

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