



Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Can we contact you Via—Email Phone Text

Can we leave you a message via- Email Phone Text

In case of Emergency call _____ Phone Number _____

Relationship to you _____

Date of Birth _____

Name of Primary Physician _____ Phone Number _____

May I consult your physician if necessary? _____

Please list any medications you are taking: _____

Please list any supplements you are taking: _____

Do you have any health issues that you are concerned about?

Are you seeing any alternative medicine providers (ie: massage, acupuncture, chiropractor)? If so, please list _____

Phone number _____ May I contact them if necessary? _____

A Bit about you:

Occupation: _____ Are you satisfied with your job? _____

If not, why not: _____

What issues in your life are you most concerned about? _____

Other issues you would like help with:

Money Relationships Health/ Wellness Purpose/ Person growth

Is there anything else that you would like to share that you feel is important I know?

Overall wellness assessment: (feel free to elaborate on the back of this page if necessary)

Do you feel energized, clear headed, and awake most of the day? _____

Do you suffer from depression, anxiety, have mood swings, or have trouble sleeping? (If yes please describe and note frequency) _____

How is your overall digestion and relationship with food? _____

Do you have any allergies or sensitivities? _____

Do you consume alcohol? _____ Frequency _____ Does it concern you? _____

Do you smoke? _____ Frequency _____ Does it concern you? _____

Do you have any additional health concerns, conditions, or questions? (present and/or past)

Thank you for choosing to make positive changes in your life. I look forward to working with you. As always, feel free to contact me with any questions and/or concerns.

Confidentiality:

I recognize that the nature of the coaching relationship involves the passing of personal and business information that may be highly confidential. As such, I agree that unless express permission is granted, all coaching calls and conversations and written communications remain completely confidential between the Client and I, except where prohibited by law. For more information about confidentiality please see the additional Aloha Healing Arts Policies and Service Agreement

Scheduling:

I ask that you do your best to keep all scheduled appointments. Should you need to reschedule please give me as much notice as you can, but no less than 48 hours. You will be financially responsible for any missed appointments.

Fees:

I ask that all fees are taken care of the day of our scheduled appointment.

My commitment:

I promise to TRUST you enough to tell you the Truth and be true to your healing. I commit listen and to always hold a safe place for you to be heard, share, and work through what arises in the process.

