Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Date |  |

|  |  |
| --- | --- |
| Last Name: |  |

|  |  |
| --- | --- |
| Email: |  |

**HEALTH INFORMATION**

|  |  |  |
| --- | --- | --- |
| What positive changes have you noticed since your last session? | |  |
|  |  | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| What are your main concerns at this time? | |  |
|  |  | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Any changes with weight? |  | How is your sleep? |  |
| Constipation or diarrhea? |  | How is your mood? |  |

**FOOD INFORMATION**

|  |  |
| --- | --- |
| Are you cooking more? |  |

|  |  |
| --- | --- |
| What foods do you crave? |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your diet like these days? | | | | | | | | | |
| Breakfast | |  | Lunch |  | Dinner |  | Snacks |  | Liquids |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |

**ADDITIONAL COMMENTS**

|  |  |  |
| --- | --- | --- |
| Anything else you would like to share? | |  |
|  |  | |
|  |  | |
|  |  | |