the sprouted life™
HEALTH COACH | helping you thrive.

Excell For Life + The Sprouted Life Health Coaching

Intake Form

Date: _____ Name: _____ Age: _____

Your cell number: _____ Email: _____

Address (city and state only): _____

Employment: _____

Marriage/Relational Status: _____ Children (how many)? _____

Please list any diagnosed diseases or sickness (mental or physical):

_____

_____

_____

_____

Date of your last physical exam (If female: mammogram, pap smear. Male: Prostate, blood pressure diabetes etc. overall wellness check)?

_____

Have you ever been tested for Thyroid disease? If so when and do you recall the labs they used to test you? (TSH, T4, T3 etc.)

_____

_____

_____

Have you ever been tested for/treated for: any autoimmune disease?
(Hashimoto's, lupus, rheumatoid arthritis etc.) If yes, please explain and include dates of testing and any treatment currently under:

_____

_____

_____

Are you familiar with adrenal health/testing/fatigue? _____

Have you ever been told by a clinician that you have had adrenal exhaustion/HPA Axis Dsyregulation?

_____

If so when? How was this determined and how were you treated?

_____

If female, have you/are you (circle one):

Perimenopausal (erratic/missing periods) | Menopausal (one full year without a period) | Post-menopausal

Please describe any symptoms in relation to the above:

_____

_____

_____

If male do you struggle with excess breast tissue or lack of sex drive?

_____

Any history of working or living around excessive toxins/pesticides/chemicals? Y ___ or N ___

If yes, what kind? _____

Have you ever been tested for heavy metal or toxin exposure? If so what kind of testing?

_____

_____

Any further health Issues that you want me to be aware of not listed above:

_____

_____

_____

_____

the sprouted life™
HEALTH COACH | helping you thrive.

Get to know you section (reminder: only fill out what you feel comfortable with but also know that everything you share can help me support your journey).

1. What prompted you to seek Health Coaching now (this can be ONE thing or multiple issues). Please be specific and thorough.

2. Describe how you feel about your life at this moment (happy, content, seeking, fearful, sad, etc. Use any adjectives that come to mind when you reflect upon your life as a whole).

3. What are the top 3 challenges or obstacles you face (mental or physical wellness) and how are these challenges affecting your life right now (ex: IBS keeping you from working, anxiety keeping you from social events etc., fatigue etc.):

4. What have you tried (example: dieting to lose weight, psychologist for mood disorders, medicine for physical issues etc.) to overcome these challenges and what has the outcome been (quitting diet, smoking again etc.)? Why do you think it failed?

5. What are your personal goals for the future (live a healthier lifestyle, create more time for yourself, etc., it can be anything that you feel will enrich your life)?

the sprouted life™
HEALTH COACH | helping you thrive.

6. Where do you get your energy? What motivates you? What are you passionate about (helping others, volunteering, accomplishing goals, etc.) and how do you enjoy yourself?

7. What do you find works for you to relieve the feelings of stress. In other words, what induces a sense of calm and wellbeing? (Meditation, reading, etc.)?

8. Where are you most irresponsible (food choices, skipping exercise, etc. BE SPECIFIC and take as much room as you need)?

9. What is your learning style? Do you learn best predominantly by listening, seeing or doing or an equal combination of all three?

10. Is there anyone in your life who is constantly putting you down, making you feel inadequate or who is sabotaging your efforts at a healthier lifestyle? Is that person YOU?

the sprouted life™
HEALTH COACH | helping you thrive.

11. Do you find yourself constantly worried (this could be about anything at all)?

12. Have you ever been considered to have anxiety or any mental illness? If so are you seeing a mental health professional? Have you ever taken antidepressants (natural or otherwise)? Did they help?

13. What do you wish was different about your life (this can be anything at all)?

14. If you are involved in a relationship (married or otherwise) does your partner totally support you in your efforts to become healthier and make a lifestyle change? If not, why not and how does that person sabotage your efforts (this could be bringing in sweets when you are trying to quit sugar or telling you they don't agree with this style of support etc.)

15. Do you have a spiritual/religious belief you would like to share with me? If so would you like to incorporate it into our time together in any way?

16. Have you experienced trauma in your childhood? Adulthood? If so have you sought therapy or have moved past it?

_____

_____

_____

17. Are you familiar with Adverse Childhood Experiences (ACE study) and how they affect our health today?

_____

_____

_____

DIGESTION:

1. Do you have any digestive issues (constipation etc.) or ever been told you have with IBD, IBS etc.? If so, please elaborate.

_____

_____

_____

2. How many times per day do you experience gas or bloating after a meal? _____
3. How many bowel movements do you have each day? _____
4. Are you familiar with the Bristol Stool Chart? _____
5. Have you been on antibiotics or other prescription drugs for any length of time (at any time in your adult life)? If so, type and how long?

_____

6. Do you take or have you ever taken over the counter acid reduction medication (prilosec, nexxium, pepto etc.)?

_____

7. Have you ever had GERD, indigestion, or heartburn? YES _____ NO_____
8. If yes, how many years have you had this condition? _____

FOOD:

1. Give me an example of an average of two days (one weekday and one weekend day) worth of each meal (BE SPECIFIC). Take extra space if needed.

Breakfast	
Lunch	
Dinner	
Any additional snacks:	
Breakfast	
Lunch	
Dinner	
Any additional snacks:	

2. Do you feel that any foods are a bigger challenge than others? If so what are they? (sugar, salty etc.)

3. How much water do you drink per day? Is it filtered?

4. What are your core beliefs about food? (Do you believe in a low fat lifestyle; do you believe whole grains should be a part of your diet?) If so why (raised that way, don't want to get fat etc.)?

5. What was your diet like growing up?

LIFESTYLE

1. Is there anything else you feel you would like further help with (ways to live a more peaceful life, finding more balance, spirituality, etc.?)

2. How often do you exercise per week and what does your exercise consist of? Are you self motivated or do you require someone to be accountable to?

3. How many hours of sleep do you get (uninterrupted) per night? What time do you go to bed? Do you dream? What is your sleep environment like (TV in the room, light coming in, quiet, noisy)?

4. Use this space to list anything I have not covered in this form that you feel is important for me to know.

5. Rate these in order of how stressed they make you feel when you think about changes in your life (1 being the MOST stressed out 5 being least).

   Food changes _____

   Working on Stress _____

   Taking time for fun _____

   Sleep _____

   Exercise _____

HEALTH COACHING PROCESS

Coaching is a collaborative process that requires active and invested participation. To get the maximum benefit from coaching, you are encouraged to come to each coaching session prepared with a topic for discussion. Sucess is largely dependent on your willingness to define and accept goals and try new approaches. You determine the goals and outcomes and you have the ultimate responsibility for the choices, plans, timing and actions you take.

COACHING AND CONFIDENTIALITY DISCLAIMER

Confidentiality is crucial to an effective and trusting coaching relationship. All information provided in coaching session is confidential and will only be viewed your care team at Excell for Life and Jennifer Stump (The Sprouted Life), FMCHC. The only exception is if Jennifer Stump (The Sprouted Life) has reasonable cause to believe there are threats of serious harm to myself, or others. Then Jennifer Stump (The Sprouted Life) is obligated to report the situation to the proper agent.

A health coach is not a licensed physician or mental health counselor. During our relationship, I will offer no medical treatments, diagnoses, or counseling. All medical diagnosis and prescriptions will be handled by your referring practitioner. Jennifer Stump, (The Sprouted life) claims no responsibility to any person or entity for any liability, loss, or damage caused or alleged to be caused directly or indirectly as a result of the use, application, or interpretation of the information presented, suggested or recommended.

I understand that using any or every part of this health coaching service is entirely at my own risk. Health coaching services are provided "as is," without warranty or guarantee, either express or implied. I understand that I may be coached in fitness, nutrition, stress management, emotional resilience, life visioning, overall preventive health and health risk management. These services may be requested or rejected at my own free choice. I am free to discontinue coaching at any time. I acknowledge that I takes full responsibility for the my life and well-being, as well as the lives and well-being of my family and children (where applicable), and all decisions made during and after this program.

I understand the above disclaimer and release my coaching information to be shared between Excell for Life and Jennifer Stump (The Sprouted Life)

Name: _____ Date: _____

Signature: _____