



## Confidential Health History Questionnaire

Please print out and fill in, and return 24 hours before our appointment

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

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

Email address: \_\_\_\_\_

Telephone – Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight six months ago: \_\_\_\_\_ One year ago: \_\_\_\_\_

Would you like your weight to be different? \_\_\_\_\_ If so, what? \_\_\_\_\_

Relationship status: \_\_\_\_\_ Children? \_\_\_\_\_ Pets? \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

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Please list your main health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other concerns and/or goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what point in your life did you feel best? \_\_\_\_\_

\_\_\_\_\_

Do you sleep well? \_\_\_\_\_ How many hours? \_\_\_\_\_ Time to bed: \_\_\_\_\_ Time wake up: \_\_\_\_\_

Do you wake up at night? \_\_\_\_\_ If so, why? \_\_\_\_\_



How do you feel when you wake up? \_\_\_\_\_

Do you have any digestive issues? Please explain: \_\_\_\_\_

Do you experience discomfort (pain, gas, bloating, heartburn) after eating? Please explain: \_\_\_\_\_

# of bowel movements per day: \_\_\_\_\_

Do you ever experience constipation or diarrhea? Please explain: \_\_\_\_\_

Any known food allergies or sensitivities? Please list: \_\_\_\_\_

**Medical history & current care**

Please list any surgeries, accidents, injuries, hospitalizations, or childhood diseases you have had along with the type and the date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under a practitioner's care for a specific health issue? \_\_\_\_\_

If so, what treatments are you receiving? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any vitamins/minerals/herbs/homeopathic remedies, prescription/non-prescription medications, diet pills, or any other supplements? Please list all below including brand names and dosage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SHANNON N

*Mater*

Please list any known allergies to medications or herbs: \_\_\_\_\_  
\_\_\_\_\_

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Please describe foods you typically eat and your diet, below:

Breakfast	Lunch	Dinner	Snacks	Liquids
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What percentage of your food is home cooked? \_\_\_\_\_ Do you cook? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_

Do you drink caffeinated drinks? \_\_\_\_\_ Which ones, how much, and how often? \_\_\_\_\_

Do you drink alcoholic drinks? \_\_\_\_\_ Which ones, how much, and how often? \_\_\_\_\_

Do you drink soda (diet or reg)? \_\_\_\_\_ Which ones, how much, and how often? \_\_\_\_\_

Do you crave sugar, salt, coffee, cigarettes, alcohol, or have any major addictions? \_\_\_\_\_

What role do sports and exercise play in your life? \_\_\_\_\_

# SHANNON N

*Mater*

Do you smoke? \_\_\_\_\_ How much and how often? \_\_\_\_\_

If you used to smoke but quit – why, how and when did you quit smoking? \_\_\_\_\_

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Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? \_\_\_\_\_

Have you tried addressing your current health concerns in the past? If yes, what happened? \_\_\_\_\_

Do you feel ready to make the changes necessary to achieve your health goals? \_\_\_\_\_

Anything else you want to share? \_\_\_\_\_

The Client understands that the role of the Health Coach is not to diagnose, treat, cure or prevent any disease, condition or other physical or mental ailment of the human body. Rather, the Coach is a mentor and guide who has been trained in health coaching to help clients reach their own health goals by helping clients devise and implement positive, sustainable lifestyle changes, including dietary changes.

The Client understands that the Coach is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist or other licensed or registered professional, and that any advice given by the Coach is not meant to take the place of advice by these professionals. If the Client is under the care of a health care professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplements use with his or her doctor, and should not discontinue any prescription medications without first consulting his or her doctor.

Health coaching sessions and packages are non-refundable. If the Client needs to cancel or reschedule an appointment, the Client must contact the Coach 24 hours in advance.

By my signature below, I confirm that I have read and fully understand the above disclaimer, and I am in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## SHANNON MATER HEALTH COACHING – POLICIES AND PROCEDURES

A successful coaching experience depends upon your commitment to the program. To ensure that you are getting the maximum value from your health coaching experience, please read and respect the program policies, below:

- Honest communication regarding your goals and expectations is essential to your coach relationship.
- Consistency with session times and scheduling is important; please honor your scheduled session times. If you need to change a session time, please contact your coach at least 24 hours in advance, or you will be billed for the session.
- To streamline the scheduling process and minimize logistical challenges, weekly or bi-weekly regular session times should be established at the outset of your program.
- The 3-month/6-session package is recommended as a starting place, but the frequency of sessions and length of overall program is customizable, based on your specific needs.
- Coaching sessions and packages are non-refundable.
- The role of the Health Coach is not to diagnose, treat, cure or prevent any disease, condition or other physical or mental ailment of the human body. Rather, the Coach is a mentor and guide who has been trained in health coaching to help clients reach their own health goals by helping clients devise and implement positive, sustainable lifestyle changes, including dietary changes.
- Health Coaches are not acting in the capacity of a doctor, licensed dietician, nutritionist, psychologist or other licensed or registered professional, and that any advice given by the Coach is not meant to take the place of advice by these professionals.

Thank you for joining the program!

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