

Whole Health Coaching Intake Form

Full Name: _____ **Date of Birth:** _____

Phone Number: _____

Email: _____

Preferred Method of Contact:

Email Phone Text

Best Day/ Time for Contact _____

How often do you want sessions? _____

Availability

Please select the days & time you would be available for coaching sessions.

| | Sunrise 6:30 – 9:00 am | Morning 9:00 am - 12:00 pm | Midday 12:00 pm – 3:00 pm | Afternoon 3:00 pm – 5:00 pm | Evening 5:00 pm- 8:00 pm |
|-----------|-------------------------------------|---|--|--|---------------------------------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Health & Well-being Goals

- What are your top 3 well-being goals (What areas would you like to focus on?)

- _____
- _____
- _____

- Why are these goals important to you?

Additional Information

What additional information would you like the Whole Health Coach to know about you?

Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Walton Family
Whole Health & Fitness