



Please write or print clearly. All of our information will remain confidential between you and ParaVida Wellness health coaches.

### PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Weight \_\_\_\_\_ Weight 6 months ago \_\_\_\_\_ One year ago \_\_\_\_\_

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

### SOCIAL INFORMATION

Relationship Status \_\_\_\_\_

Where do you currently live? \_\_\_\_\_ Pets \_\_\_\_\_

# of Children \_\_\_\_\_ Children's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Hours of Work per week \_\_\_\_\_

### HEALTH INFORMATION

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

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

Other concerns or goals? \_\_\_\_\_

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

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

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

Any serious illnesses/hospitalization/injuries? \_\_\_\_\_

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



### HEALTH INFORMATION

How is/was the health of your mother? \_\_\_\_\_

How is/was the health of your father? \_\_\_\_\_

What is your ancestry? \_\_\_\_\_ What blood type are you? \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How many hours? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_

Why? \_\_\_\_\_

Any pain, stiffness or swelling? \_\_\_\_\_

Constipation/Diarrhea/Gas? \_\_\_\_\_

Allergies or sensitivities? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION

Do you take supplements or medications? If so, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any healers, helpers, or therapies with which you are involved? If so, please list \_\_\_\_\_  
\_\_\_\_\_

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

### FOOD INFORMATION

What foods did you eat often as a child?

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



What foods did you eat often now as an adult?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

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

\_\_\_\_\_

The most important thing I should do to improve my health is \_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL COMMENTS

Anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_