

GENERAL INTAKE FORM

I. General Information Section:

First Name _____ Last Name _____ Middle Initial ____
Address _____

DOB ____/____/____

Age ____

- Married
- Single
- Divorced

Occupation: _____

Email _____

Home Phone _____

Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____ Address _____

How did you hear about us?

Who May We Thank For Referring You?

II. Goals Section:

I am seeking Wellness Services for the following -Check all that apply:

- Eating Disorder Intuitive Therapy
- Holistic Health Coaching
- Holistic Personal Training
- Organic Spa Services

My Goals are: _____

Please Note: Our Coaching does not take the place of medical care. It is recommended that you see a licensed physician or health care professional for any acute pain, physical or psychological ailment you may have.

III. Current Medical History

Do You Have Any Current Concerns Or Complaints?

Yes No

If yes, please describe: _____

Do You Have Any Pain? Or

Are You Under The Care Of A Physician For Any Medical Condition?

Yes No

If Yes, Please Describe:

Are You Receiving Any Other Services Or Treatments?

Yes No

If Yes, Please Describe:

IV. Medications /Vitamins/Dietary Supplements:

V. Allergies:

VI. Past Surgical History: Please List and Date All Surgeries

VII. Medical Complaints:

Please Check All That Apply To You, Past Or Present:

- Black Tarry Stool
- Blood in Stool
- Blood in Urine
- Chest Pain
- Excessive Fatigue
- Shortness of Breath
- Coughing Up Blood
- Blurred Vision
- Continuous Diarrhea
- Unexplained Weight Loss
- Night Sweats
- Doctor Notified _____
- Yes No
- High/Low Blood Pressure

- Heart Conditions
- Pacemaker
- Diabetes
- High Cholesterol
- Cancer
- Chemotherapy/Radiation
- Anemia
- Bleeding Disorder
- Blood Clot/Embolism
- Cerebral Hemorrhage/Stroke
- Head Injury
- Fracture
- Aneurysm
- Headaches
- Seizures/Epilepsy/Convulsions
- Asthma
- Emphysema
- Acid Reflux/Belching
- Anorexia/Bulimia
- Other _____
- Chronic Fatigue
- Fibromyalgia
- Multiple Sclerosis
- Depression
- Anxiety
- Osteoporosis
- Prostate Problems
- Back Pain
- Numbness/Tingling
- Pelvic Pain
- TMJ Pain
- Sports Injuries
- Arthritis
- Joint Replacement
- Pins or Metal Implants
- Fractures
- Hypothyroid/Hyperthyroid
- Hyperglycemia/Hypoglycemia
- Dizziness/Fainting
- Constipation
- Irritable Bowel Syndrome
- Incontinence
- Bladder Problems
- Bowel Problems

- Kidney Disease
- Sexual/Physical Abuse
- Sexually Transmitted Disease
- Liver Disease
- Hepatitis
- Alcoholism | Drug Problem
- Smoking History
- Vision Loss | Problems
- Life Threatening Allergies
- Allergy _____
- Trouble Sleeping
- Hearing Loss
- Currently Pregnant
- Other _____
- Dehydration

How much water, or other clear fluids do you consume a day? _____

Note : 1/2 Your Body Weight in Ounces is Recommended to Support Your Physiology And Psychology!

SIGNATURE: _____

I certify all information given to A Haven of Hope Holistic Wellness LLC, is true and to the best of my knowledge.

X. Privacy Authorization: Your Rights: When it comes to your protected health information you have the right to request confidential communications or that communication be made by alternative means. I give my permission to contact:

Cell Home Work. Leave Message With: Family Voice Mail Text Email -

We are happy to include you in our Email Newsletter, Special Events & Educational Resources. Please let us know if you do not wish to subscribe.

Yes Include Me No, I Do Not Wish To Subscribe

Email and Text Messaging is a NON-SECURE Network and Confidentiality Cannot be Guaranteed.

XI. Electronic Payment Communications:

We accept cash or credit.

It is your right to pay for fees electronically, using a credit or debit card, PayPal or Venmo.

Although we provide reasonable means to protect your privacy, please consider the associated risks of electronic payment communications.

GENERAL OFFICE POLICY

We are dedicated to providing you quality care and service. In an effort to maintain high standards and fairness to all of our clients we ask for your cooperation and consent to the following office policies:

Lateness: Please come to your appointment on time or phone in at your appointment time for consideration to those following your session. We are understanding of the occasional unanticipated events and will provide accommodations as best we can. However, we will not provide accommodations for consistent lateness and you will be responsible for the full session charge and your reserved treatment time will end as scheduled.

Cancellations: If you need to cancel your appointment, you must notify us 24 hours prior to your scheduled appointment time. Cancellations less than 24 hours may be charged half your reserved session cost payable prior to your next scheduled appointment.

I agree to hold, A Haven of Hope Holistic Wellness LLC & Nancy Hamm, CPT, Lic. Cos., harmless for any and all actions, damages or injuries both to my person and to my property which have resulted or in the future may develop or arise out of services obtained from us or other practitioners at this same location. By signing this form, I am agreeing to the above.

Print Name _____ Signature: _____ Date: _____

Termination Rights: You have the right to terminate your care at any time. A Haven of Hope Holistic Wellness has the right to terminate your care if we feel your needs are best met at another practice. A Haven of Hope Holistic Wellness has the right to terminate your care immediately with any verbal or physical threat or abuse of any kind.

The training and coaching services are designed jointly with the client; together we will engage in direct and personal conversations. The client can count on the coach to be honest and straightforward in asking questions and making requests towards your goals. The coach relationship is professional and strictly confidential.

Potential Benefits: Coaching provides support towards reaching your health goals and well life vision. You are fully responsible for your well-being during coaching including the choices and decisions you make towards your goals.

Coaching should not be used to replace medical care. It is your responsibility to maintain a relationship with your doctor and seek treatment from a health care physician if you have a health problem.

No Guarantees: No one can predict with certainty the results of the services provided. We do not offer guarantees concerning outcomes or promise specific results or outcomes. If you are uncomfortable with anything during your session at ANY TIME, please inform the provider immediately and your concerns will be discussed with you.

As your coach we are 100% committed to you being successful in having the life you desire!
If indicated, we will refer you to an appropriate health care professional as needed.

COACHING CLIENT AGREEMENT AND DISCLOSURE STATEMENT

Recommendations: As my client, you should discuss any recommendations I provide with licensed professional.

Termination Rights: You have the right to terminate your care at any time. I have the right to terminate your care if I feel your needs would be best met at another practice or referral to a medical professional is necessary. I have the right to terminate your care immediately with any verbal or physical threat or abuse of any kind.

I understand the nature of the Complementary and Alternative Health Care services to be provided and will ask any questions if I am unsure.

- I understand that Holistic Health and Wellness and Coaching, is a Complementary and Alternative Health Care Service and is not a licensed profession.
- I understand the risks, benefits and alternatives to the coaching services provided. I understand that I am not being given a guarantee or being promised a specific result or outcome.
- I also understand that Holistic Health and Wellness coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, nutrition, relationships, spiritual practices, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
- I understand health and wellness coaching is a relationship I have with my coach that is designed to facilitate the development of personal, professional, and/or business goals and to develop and carry out a strategy/plan for achieving those goals.
- I understand that I am fully responsible for my well-being during my coaching session, including my choices and decisions. I understand that if I am uncomfortable at any time during a session, I will inform the provider immediately and my concerns and alternatives will be discussed with me. I am aware that I can choose to discontinue coaching at any time and that professional referrals will be given if necessary.
- I understand it is my responsibility to maintain a relationship for myself and/or my child with a medical doctor. I understand these services are not intended to replace any medical services prescribed by my doctor
- I understand that Health and Wellness coaching does not treat mental disorders as described by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of professional therapy.

I understand that wellness coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decisions and actions are mine.

Client Name _____

Client/Guardian Signature _____

Child Name (Age 2-17) _____

Signature Parent/Guardian _____ Today's Date _____

Date of Birth _____

Personal Inventory Questionnaire:

As your coach it's important for me to understand how you view your world, your "self", and your job or career. Each person is unique and understanding more of you will help me support and assist you. Answering these questions clearly and thoughtfully, will serve both you and me. You may find that they help you clarify perceptions about yourself, and often help recognize limiting beliefs that can hinder all of us. These are "pondering" type questions, designed to stimulate your thinking in a way that will make our work together more productive. Please take your time answering them. If they are not complete by our first session, just bring what you have completed and finish the rest later. These answers will be treated with complete professional confidentiality.

What do you want to get from the coaching relationship?

Is there a "best" way for me to most effectively coach you?

What tips would you give to me about what might work best?

Do you have any apprehension or pre-conceived ideas about coaching?

What are 3 things you would like to me to know about you?

- 1.
- 2.
- 3.

Personal:

1. What accomplishments or events must, in your opinion, occur during your lifetime to consider your life satisfying and well lived?
2. What is (or might there be) a secret passion in your life? Something you may or may not have allowed yourself to do so far, but which you would really love to do.
3. What unique gift or knowledge do you have to contribute to our world?
4. Please describe what gives you a sense of purpose in life? What activities have meaning for you?
5. What's missing in your life, the presence of which would make your life be more fulfilling?
6. What do you tend to do when you are up against the wall?
7. Do you have any spiritual practices? What do you believe?

Health & Wellness Information:

As your professional trainer and coach, my job is not to “treat” you, but to be your ally, your resource and even your cheerleader!

When it comes to health and wellness issues, I will help you discover steps you may choose to take towards greater health and higher levels of wellness.

Also as a professional, I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek any treatment in these areas.

I can be a source of support and accountability, helping you to follow through with any treatment plans that you devise with these other professionals.

Please share with me information about your health and wellness so that I may more fully understand your health challenges and aspirations for your higher levels of whole body wellness.

1. Please describe your lifestyle and what you do to be healthy and well.
2. Please describe any health challenges or pain that you currently experience (major concerns as well as just bothersome things like headaches, insomnia, etc.)
3. Are you currently on any medications? If so what is the name of the medication and the intended results of the medication?
4. What do you do to reduce stress in your life, or to counter-act the effect of stress in your life?
5. Please describe a typical week in terms of diet and exercise/activity.
6. What do you do in your life that brings you happiness and joy? How often do you do this?
7. What gets in the way of you doing what brings you joy and health in the world?
8. How can a coach be of assistance in helping you make the lifestyle changes you'd like to make?
9. What two steps could you take *immediately* that would make the greatest difference in your current situation?
10. Do you think you are a leader? What do you think about leadership?