

Sierra Balance

Energy Kinesiology and Health Coaching

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New Client Intake Form

Date: _____

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Height: _____ Weight: _____

1. What areas in your life do you desire to see improvement (list in order of importance)

1. _____

2. _____

3. _____

4. _____

5. _____

2. What factors do you think may be contributing to any health challenges in your life? (injury, diet, lifestyle, family history, relationships, stress, illness, job, finances, drug or alcohol use, etc. – rank in order)

1. _____

2. _____

3. _____

4. _____

3. Are you currently under the care of a physician? If so, what are you being treated for?

4. Have you ever used the services of any of the following providers (please circle):
Homeopath, Acupuncturist, Holistic Health or Nutritional Consultant, Chiropractor, Massage
therapist. List any providers you are currently seeing:

5. List any medications you are taking and for how long you have been taking them.

6. List any supplements that you are currently taking.

7. Do you have any medication or food allergies?

8. Briefly explain your dental history?

9. Do you have a history of any illnesses, surgeries, traumas, injuries, accidents, falls or abuses?

10. If true, finish this sentence: " I have never been well since..."

11. If you are currently in pain, where in your body is the pain located? Pain level (1-10)?

12. Do you consume any of the following (If yes, please indicate how much per week)?

Alcohol (Y/N) _____

Coffee (Y/N) _____

Cigarettes (Y/N) _____

Recreational Drugs (Y/N) _____

13. How much water do you drink per day? _____

14. Do you have any food cravings? _____

15. If employed, do you like your job? What, if any, challenges do you have there?

16. Describe your relationship with your family and your significant other (if applicable).

17. Do you have any scars or tattoos on your body? If so, where?

18. Have you noticed any changes in your body?

19. Are you accident prone? If yes, explain.

20. Describe how perfect health for your body would look like to you.

21. Is there anything else you would like me to know?

Thank you!