First Time Evaluation

Please complete the following questions carefully. This information will help to build a specialized program, personally designed for you.

Today's Date: _____ Referred by: _____

Name: _____

Male/Female

Birthdate: _____/_____/_____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Height: _____ Weight: _____

Marital Status: S M D W

No. of children: _____

Cell Phone: (____)_____ Email: _____

<u>Do not take any supplements for 2 meals before evaluation**</u>**

1. <u>Complaints:</u> Please rank your current complaints and rate their severity (on a scale of 1 to 10, 10 being the most severe):

_____

_____

_____

2. Medical Diagnoses/Other Information: Please tell any additional information or concerns about your health:

_____

_____

3. Medications: Please list any medications you are currently taking and how long you have taken them (including birth control pills, aspirin, pain medications, etc.):

_____

_____

_____

4. Smoking/Vaping/Etc.

Do you currently smoke/vape/nicotine pouches, etc.? _____ If yes, how much? _____

How long have you smoked/vaped/nicotine pouches, etc.? _____

5. Surgeries: What surgeries, operations, traumas, car accidents, etc. have you had?

_____

_____

_____

a.) Have you ever had full-body anesthesia (i.e., to remove tonsils, wisdom teeth, etc.)?

_____

b.) Do you have breast implants?_____

Other surgical implants or prostheses?_____

c.) Have you had elective surgery (tummy tuck, face-lift, burned off moles, liposuction, etc.)?_____

d.) Do you have any metal or plastic inside your body (such as pins, clamps, plates, etc.)?

_____

e.) Do you have pierced ears or other body piercings?_____

Tattoos?_____

6. Scars: Describe any scars on your body

_____

_____

7. Drugs: *This is strictly confidential information*.

Do you currently use recreational drugs? _____ [Circle: marijuana, cocaine, heroin, etc.]
Others:_____

How often?_____

Have you used recreational drugs in the past?_____

If yes, for how long?_____

8. MTHFR Gene: (yes or no) _____

Food Habits:

1. Eating Out: Do you eat out at restaurants?_____

If yes, how often?_____

Where?_____

What type of food do you eat at restaurants?

_____

2. Home Meals: Do you prepare meals at home?_____

If so, how often?_____

If yes, what type of food do you prepare?

_____

_____

3. Meal Habits: Do You: [circle] A) skip meals often B) have irregular eating times C) eat food past 7 PM

5. Water Do you drink tap water?_____What brand of drinking water do you use (bottled)?

_____

Typical Diet: Please fill out your typical diet, be as detailed as possible. PLEASE BE HONEST!

BREAKFAST:

_____

_____

LUNCH

_____

_____

DINNER

_____

_____

SNACKS

_____

_____

<u>General Wellness:</u>

1. **Sleep (wake up in the night (if so what time), have a hard time falling asleep, etc.)**
   _____
2. **Bowel Movements (how often, constipated, diarrhea, gas, etc.)**
   _____
3. **Bladder/urinating (spasms, leakage, bed wetting, waking up at night multiple times to urinate, frequent infections, etc.)**
   _____
4. **Behavioral/Emotional (anger, depression, outbursts, tantrums, sensitivity to sounds/tactile sensitivity, etc.)**
   _____
5. **<u>For Women Only</u>: Periods, Menopause (regularity of cycle, cramping, hot flashes, etc.)**
   _____

<u>Personal Health Goals</u>

1. Do you want to lose weight?_____ If so, how much?_____

2. How important is your health to you, on a scale from 1 – 10 (1 = lowest; 10 = the highest importance)? _____

3. How much confidence do you have in medical drugs, on a scale from 1- 10 (1 = low; 10 = high confidence)? _____

4. How much confidence do you have in your body's ability to heal itself (if given the right nutrients/natural therapies), on a scale from 1 to 10 (1 = low; 10 = high confidence)?
_____

5. List any nutritional supplements that you regularly take:

_____

_____

6. What best describes your diet overall (please be honest)?

Check all that apply:

__ mostly eat out (fast food)

__ mostly eat out (but try to eat healthier items)

__ eat whatever is available

__ occasional binges

__ would never give up meat

__ eat a lot of fresh food (very little from cans, boxes)

__ mostly homemade meals

__ vegetarian

__ eat mostly organic

__ eat a lot of raw food

__ in transition to eating better

7. What are your specific health goals?

_____

_____

8. How far are you willing to commit to achieve your health goals? (Please be honest.)

__ don't really want to change much

__ willing to change some

__ willing to change a reasonable amount

__ willing to do whatever it takes

9. How much money do you spend per month on your health, out of pocket?

_____

The information and guidance provided by Vitality Health and Healing LLC, as a health coach is for educational purposes only. It is not intended to diagnose, treat, cure, or prevent any disease. The advice and recommendations shared are based on personal research, training, and experience, but are not meant to replace professional medical care. Always consult with your physician or healthcare provider before making any changes to your diet, exercise, or health routine. If you have any medical conditions or concerns, it is crucial to seek advice from a qualified healthcare professional.

By engaging with Vitality Health & Healing LLC, you acknowledge that you are solely responsible for your health decisions and outcomes.

Health Coaching Agreement

This Health Coaching Agreement (the "Agreement") is entered into by and between:

Vitality Health & Healing LLC
Client Name: _____
Date: _____

1. Purpose of Coaching

The purpose of this agreement is to outline the terms and conditions under which Vitality Health & Healing LLC will provide coaching services to (Client Name) _____, to help them achieve their health and wellness goals through personalized coaching sessions.

2. Scope of Services

Vitality Health & Healing LLC will provide coaching related to, but not limited to:

- **Guidance on nutrition and dietary habits**
- **Advice on fitness and exercise**
- **Lifestyle management, including stress reduction, sleep, and wellness practices**
- **Emotional and mental wellness support**

These services are designed to support, educate, and empower the client in making informed health decisions.

3. Limits of Coaching

Health coaching services provided by Vitality Health & Healing LLC are not intended to diagnose, treat, or prevent any medical condition or disease. Clients are advised to consult with their medical professionals regarding any concerns about their health.

4. Client Responsibility

The client agrees to:

- **Provide accurate and honest information during the coaching process.**
- **Take full responsibility for their health decisions and actions.**
- **Communicate openly and ask questions about the coaching process.**
- **Complete any agreed-upon tasks or assignments between sessions.**
- **Notify Vitality Health & Healing LLC of any health conditions that may affect the coaching process.**

5. Confidentiality

Vitality Health & Healing LLC agrees to maintain confidentiality of all personal information shared during coaching sessions unless required by law. Any information shared will only be used to tailor coaching services to the client's needs.

6. Fees and Payment

Payment will be made following the first session. Cancellations or rescheduling of sessions must be done 24 hours in advance to avoid being charged for the session.

7. Termination of Coaching

Either party may terminate this agreement at any time. If the client decides to terminate coaching, they must inform Vitality Health & Healing LLC in writing at least 2 days before the next session.

8. Limitation of Liability

Vitality Health & Healing LLC is not responsible for any injury, illness, or health condition that may occur as a result of implementing any advice or recommendations given during the coaching sessions. Clients are encouraged to consult their physician before making any changes to their health routine.

9. Agreement and Acknowledgment

By signing this Agreement, the client acknowledges that they have read, understood, and agree to the terms outlined above.

Vitality Health & Healing LLC:

Signature: _____

Date: _____

Client Signature:

Print Name: _____

Date: _____

Signature: _____

Parent/Guardian Signature (for minors) _____