



WOMEN'S KICKSTART CONSULTATION FORM

Please write or print clearly. All of your information will remain confidential between you and the health coach.

Personal Information

Full Name _____

Email _____

Best Phone _____

How often do you check
your email? _____

Age _____ Height _____ DOB _____ Place of Birth _____

Current Weight _____ Weight 6 Months Ago _____ Weight 1 Year Ago _____

Social Information

Relationship Status _____

Where do you currently live? _____

Children _____

Pets _____

Occupation _____

Hours of work each week _____

Health Information

Please list all main health concerns. _____

Other concerns and goals. _____

When did you last feel your best? _____

Hospitalizations or injuries? _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

What is your ancestry? _____ Blood Type? _____

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

Why? _____

Pain, stiffness or swelling? _____

Diarrhea/Constipation/Gas _____

Allergies or sensitivities? Explain. _____

Women's Health

Do you have regular periods? _____ How many days is your flow? _____ How frequent? _____

Painful or symptomatic?
Please explain. _____

Reached or approaching menopause??
Please explain. _____

Birth control history _____

Yeast infection or urinary tract infections? Please explain. _____

Medical Information

Do you take any supplements or medications? Please list. _____

Are you involved with other healers, helpers or therapies? Please list. _____

What role do sports or exercise play in your life? _____

Diet Information

What foods did you eat the most as a child?

Breakfast	Lunch	Dinner	Snacks	Liquids

What foods do you eat the most now?

Breakfast	Lunch	Dinner	Snacks	Liquids

Do you cook? _____ How often? _____ Where do you get food from? _____

Do you crave sugar, salt, coffee, cigarettes or have any major addictions? _____

What do you want to improve most? _____

Who will support you in this journey? _____

Anything else you'd like to share? _____