



MEN'S KICKSTART

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. _____

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? _____