



# CLIENT INTAKE FORM

**I feel confident I about my knowledge of what and when I should eat.**

**Very Confident    Somewhat Confident    Confident    Not Very Confident    I have no Idea**

**My best health habits are:**

- 1.
- 2.
- 3.

**With my health or eating, I struggle the most with:**

- 1.
- 2.
- 3.

**My 4 favorite foods are:**

- 1.
- 2.
- 3.
- 4.

**I want to accomplish the following measurable or observable results**

- 1.
- 2.
- 3.

**What is motivating you right now to make changes for you health?**

**At this point, I think that I'd like to make these fundamental changes or shifts.  
What I want and need most from you, as my coach, includes**



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**My typical day consists of:**

- 1. Sleep (how many hours):**
- 2. Exercise (What and how long):**
- 3. Breakfast (What and when):**
- 4. Lunch (What and when):**
- 5. Dinner (What and when):**
- 6. Snacks (What and when):**

**Also, I want you to know that**