

Wellness Inquiry Form for Coaching

Please complete, make copy for your records, and return original to above address.

Date:

Contact Phone:

Name:

Day Phone:

Evening Phone:

Fax Line:

Cell Phone:

E-mail Address:

Mailing Address:

Date of Birth:

Age:

Occupation:

Names of important people in your life (spouse, partner, children, friends, etc.):

Emergency Contact:

As your coach, my job is to be your advocate and resource, not your healthcare provider. With a health and wellness focus, I will help you discover possible paths you may choose to take toward higher levels of wellness and life balance. I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek possible treatment. I can help you strategically focus on your wellness objectives and be a source of support and accountability for following through with any treatment plans recommended by your healthcare/wellness professionals.

Please complete the following information to help me more fully understand your wellness goals and challenges for making lasting behavioral changes. Consider how your goals and challenges impact and support your desired life/work balance. This section of the inquiry form will focus on:

Getting Acquainted—*Basic Lifestyle Needs and Goals*

Wellness Areas—*General Information, Exercise/Movement, Nutrition/Eating Pattern, and Stress Management*

Miscellaneous & Fun Data

If you wish to go further in depth with the following 12 Dimensions of Wellness, feel free to request an additional addendum to this initial inquiry:

Self-Responsibility & Love, Breathing, Sensing, Eating, Moving, Feeling, Thinking, Playing/Working, Communicating, Intimacy/Sex, Finding Meaning, Transcending/Faith

These 12 dimensions are part of a comprehensive Wellness Energy System—*Wellness Inventory Program* pioneered by John W. Travis, MD, one of our nation's premier wellness movement leaders. In addition, you may wish to consider signing up for their self care program (www.harvestenterprises-sra.com) to more fully assess your life/wellness satisfaction and areas for growth within these twelve wellness dimensions. Just go to website and click Wellness Inventory icon in left column. Type in group name "HarvestEnt."

Now, Let's Get Acquainted!

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GETTING ACQUAINTED

Basic Lifestyle Needs & Goals—

How did you hear about my coaching services?

What influenced your decision to work with a coach?

Have you ever been coached? If so, please describe the experience:

Do you have specific goals for the coaching relationship? If not, what goals might you now create?

What are your significant commitments (i.e. self, family, finances, work, recreation, health, faith) now and in the near future?

What would your perfect life look like?

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What are your dreams? What dreams have you given up on?

What are your top core values?

What stops you from having the life you want to have?

What parts of your life (Personally & Professionally) are working best now?

What parts of your life (Personally & Professionally) are working least well now?

WELLNESS AREAS-General Health Information

Healthcare Providers (include primary, conventional, alternative, integrative, nutritionist, etc.)—name, phone number:

n/a.

1.

2.

3.

4.

Date of last primary physician visit:

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Date of last dentist appointment:

Do you have an optometrist/ophthalmologist? Yes No If so, last eye exam:

List any lifestyle changes your healthcare providers have recommended/prescribed.

- 1.
- 2.
- 3.

Any medications (note physician if prescribed, and impact intent of medicine):

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

Any dietary, nutritional, supplement regimen (vitamin, minerals, protein & medical foods; note healthcare/wellness provider if prescribed):

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

Rate your overall health:

Excellent Good Fair Poor

My Health Concerns and/or Conditions Are:

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

My height is:

My weight is:

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I consider myself to be: underweight overweight perfect/normal weight

If you are at perfect/normal weight, what do you do to maintain your status?

If you are overweight, what are you doing to reach and maintain your optimum weight?

EXERCISE—MOVEMENT/BREATHING/BODY AWARENESS

What kinds of movement do you engage in throughout the day/week? Are you aware of your breathing pattern with each movement or position? Movement and breathing are integral partners in building and sustaining energy levels, concentration and balance.

| Movement (Internal/External) | Predominant Body Stance/Posture <small>(e.g. aligned, slouching, stiff, relaxed)</small> | Breathing & Movement Pattern <small>(rate awareness = 1 low – 5 high)</small> |
|--|--|---|
| Standing Still | | |
| Slow walk | | |
| Fast walk/aerobic | | |
| Run/aerobic | | |
| Sitting alone with relaxation | | |
| Laying down alone w/ relaxation | | |
| Sitting at computer | | |
| Sitting while having dialogue at work/at home | | |
| Others? | | |

Do you sleep well and through the night? If not, please explain.

I follow a regular exercise plan. If you do, what is your exercise routine?

How frequently do you exercise? Ideally times per week for min./session

When you look in the mirror at your body, what do you see?

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How does it feel when you move your body?

What is the driving force for you to move your body on a regular basis?

What gets you stuck and slows you down from regularly exercising and moving?

Do you enjoy exercise and movement? Please explain.

What are your motivation drivers for exercising & movement? Check which ones apply to you:

| Extrinsic (product) Recycling old behavioral patterns | Intrinsic (process) Sustaining lasting behavioral change |
|---|---|
| <input type="checkbox"/> Reduces risk of disease | <input type="checkbox"/> Feels good |
| <input type="checkbox"/> Controls/lose weight (physician told you to) | <input type="checkbox"/> Enjoyment (fun in the flow; stimulation) |
| <input type="checkbox"/> Enhanced fitness | <input type="checkbox"/> Mastery (pleasure of learning, curiosity) |
| <input type="checkbox"/> Future focused | <input type="checkbox"/> Present focused |
| <input type="checkbox"/> Have to (because someone told me to) | <input type="checkbox"/> Want to (I decide because it's right for me) |

Do you engage in physical activities that increase risk of harm (e.g. extreme sports, survival games)? If so, please explain.

NUTRITION/EATING PATTERN

My diet is mainly:
 (Check as many as apply)

- Low carbohydrate Strict Vegetarian Ovovegetarian
 Ovolactovegetarian
 Balanced animal/plant complex carbo/lean protein/low fat
 Animal Protein Whole Foods Low Sodium

Others?

What is your routine daily eating pattern? (Morning/Midday/Evening)

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Do you drink alcoholic beverages? Yes No

If so, what and how much do you consume?

Beer: cans/day cans/week
Wine: ounces/day ounces/week
Liquor: ounces/day ounces/week

Do you drink sodas? If so, what kind of sodas do you drink and how much?

Diet soda: cans/day; cans/week
Regular soda: ounces/day ounces/week

Do you daily drink water? If so, how much water do you drink?

ounces per day

Do you smoke?

If so, do you smoke:

- filtered cigarettes
 unfiltered cigarettes
 cigars pipes

How much do you smoke?

Cigarettes packs per day
Cigar(s) per day
Pipes pipes per day

Do you chew tobacco? Yes No If so, how much? per day

STRESS MANAGEMENT

Managing stress in life focuses on balancing your physical, emotional, intellectual, and spiritual needs and goals. All twelve wellness dimensions impact how you handle stress—your view of radical self-care/responsibility & love toward self and others, your awareness/pattern of breathing, sensing, eating/nutritional needs, movement/exercise, feeling/emotions, thinking/shaping your life & world, playing & working, communicating, intimacy & sex, finding meaning, and transcending/embracing faith. All play an important role in managing stress in our lives and maintaining lasting behavioral changes.

In the past two years, what major changes and events have you experienced (challenges, crises, opportunities)?

- 1.
- 2.
- 3.

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Describe your most challenging stressors.

- 1.
- 2.
- 3.

What routine things do you do to manage and relieve stressors?

- 1.
- 2.
- 3.

How are your finances? (e.g. Great, good, fair, poor) Please explain.

Do you gamble? Yes No If you do, how frequently?

times per week times per month times per year

Are you in debt from your gambling? Yes No

From overspending? Yes No

If so, how much debt as a % of your net income? Please explain.

How satisfied are you with the relationships you have with spouse/significant other, family, friends, co-workers? (e.g. great, good, fair, poor) Please explain.

How do you have fun?

What do you do that brings joy and happiness in your life? How often do you do this?

What do the words *Radical Self Care* mean to you? Consider each word separately then together. What synonyms describe each word for you? Then reframe the term in your own words.

Radical –

Self –

Care –

If you were at your best this moment, what would you do right now?

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MISCELLANEOUS AND FUN DATA *(Really getting to know all about you)*

My favorite color is:

My favorite music is:

My favorite season is:

My favorite time of the day is:

My favorite room is:

My favorite thing to do is:

My favorite movie is:

My favorite TV show is:

My favorite way to relax is:

My favorite sport is:

My favorite form of recreation is:

My favorite sports team is:

My favorite hobbies are:

My favorite day is:

Congratulations! Let's Get Started.