

Here for Vitality

New Client Intake Form

Thank you for trusting me with your health journey. Please take your time filling out this form as completely and honestly as you can. There are no right or wrong answers — this is simply a way for me to understand where you are right now so we can work together to get you where you want to be.

Please return this form to hello@hereforvitality.com at least **3 days before** your scheduled appointment.

1. Personal Information

Full Name

Preferred Name

Date of Birth

Email

Phone

Address

Occupation

Preferred Contact Method

2. Health & Wellness

What are your primary health concerns or challenges right now?

Please check any that apply to you:

Digestive issues

Skin conditions

Food cravings

Sleep difficulties

Chronic pain

Autoimmune concerns

Headaches / Migraines

Weight management

Low energy / Fatigue

Blood pressure / Heart concerns

Hormonal imbalances

Brain fog / Focus issues

What have you tried before? What worked and what didn't?

Current supplements, herbs, or medications:

Food allergies or sensitivities:

3. Diet & Lifestyle

Walk me through a typical day of eating — meals, snacks, and beverages:

Breakfast:

Lunch:

Dinner:

Snacks & Beverages:

How would you describe your relationship with food?

Daily movement or exercise routine:

Average hours of sleep per night

Daily water intake

How would you describe your sleep quality?

Is there anything else you would like me to know before our first session together?

Confidentiality Statement

Everything you share with me is completely confidential and will not be shared with anyone. Your trust is the foundation of our work together, and I honor that fully. This information is used solely to support your health and wellness journey.

Client Signature

Date