

Holistic Life Coaching Intake Form
-Confidential-

Name _____ Date of Birth _____

Address _____

State _____ City/Zip _____ Home Phone _____

Work Phone _____ Occupation _____

Have you practiced meditation? ___ Yes ___ No

How often do you exercise? _____

Are you currently taking medications? ___ Yes ___ No

If yes, please list the name and reason for medications _____

Do you smoke? ___ Yes ___ No

Do you drink caffeinated beverages? ___ Yes ___ No

Are you currently seeing a healthcare professional? ___ Yes ___ No

If yes, please list the name and reason for the treatment _____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | |
|-----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Psychological condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diverticulitis |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Broken/dislocated bones | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Muscle or ligament strain/sprain |
| <input type="checkbox"/> Auto-immune condition* | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Hepatitis (A, B, C, other) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Skin conditions | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Whiplash |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> TMJ disorder | |

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so: _____

Do you have any of the following today:

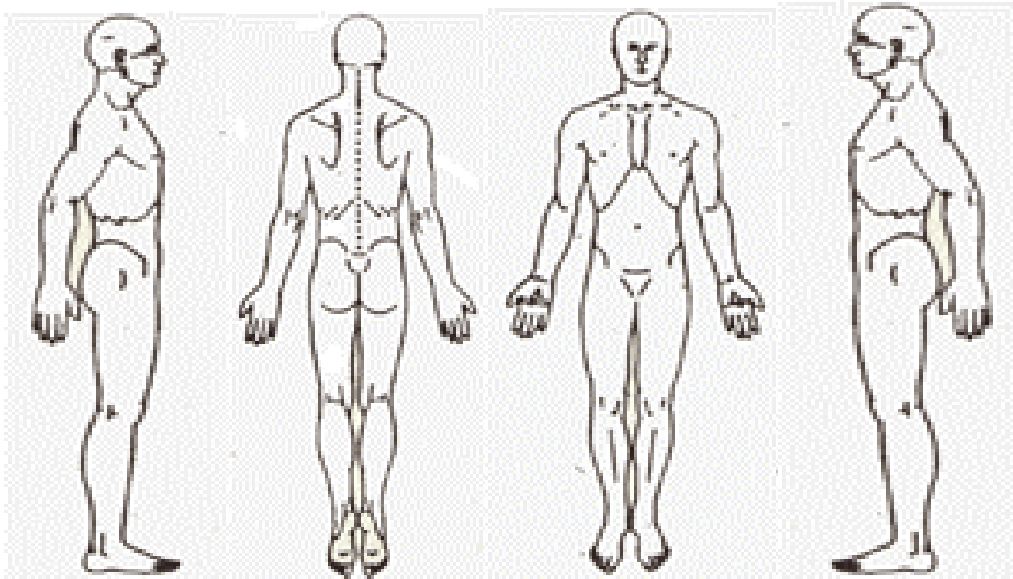
- skin rash
- cold/flu
- open cuts
- severe pain
- anything contagious
- injuries/bruises

Do you have any allergies to:

- medications
- foods (nuts, etc.)
- environmental allergens (dust, pollen, fragrances)
- reactions to skin care products

If any of the above are checked, please give details: _____

Please indicate with an (X) the areas in which you are feeling discomfort:



What are your goals and expectations for this therapeutic session? _____

In consideration of and as inducement to your enrolling as a client of Soma Samadhi, LLC, I represent and agree as follows:

- I understand that, although, Health Coaching, Energy Work, Yoga, Dance, and Fitness can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
- This is a therapeutic treatment and any sexual remarks or advances will terminate the treatment and I will be liable for payment of the scheduled treatment.
- Being that Health Coaching, Energy Work, Yoga, Dance, and Fitness should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
- I have been examined by a licensed physician within the past 6 months and have been found by such physician to be in good health and fully able to perform all exercises which I am to learn and perform during my session with you.
- I will faithfully follow all instruction given me by you as to when, where, and how to perform and not to perform any exercises or techniques, it being understood that any deviation by me from such instructions shall be at my own risk.
- I will not hold you responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or by any physical impairment of mine not fully disclosed to you in writing.
- I understand and acknowledge that I am to receive instruction in Health Coaching, Yoga, Fitness or Dance only, and I will not hold you to any higher standard of care than that applicable to a Holistic Life Coach.
- The tuition paid herewith and any such registration fees paid hereafter **are non-refundable.**

Signature: _____ Date _____