PERSONAL LIFESTYLE PROFILE

Client Name _____

Phone _____

Email _____

Address _____

_____

The questions below should be answered as fully as possible.

What is your main concern or reason for signing up for spa wellness coaching with me?

_____

_____

_____

_____

HEALTH PROFILE:

Current medications: Please list all medicines you are currently taking, including details of mineral/vitamin or herbal supplements.

_____

_____

_____

Family Ailments: i.e. allergies, asthma, diabetes etc. Please include information about your parents, grandparents, brothers, sisters etc.

_____

_____

_____

_____

LIFESTYLE PROFILE:

We support the philosophy that health and well being are attributed to balance in all aspects of life - physiological, intellectual and physical (spiritual & emotional).

To help us find you and restore balance, please share the following information with us.

- Marriage status (please circle one) Married Single Divorced
- Children - ages
  _____
- Work - profession or otherwise _____
- Exercise habits, any or none - please describe
  _____
  _____
- Feelings attached to exercise
  _____
  _____
- Typical daily food intake
  _____
  _____
- Eat in or out? How often?
  _____
- Hobbies or interests
  _____
  _____
- Spiritual concept / yoga or meditation practice (formal or otherwise)
  _____
  _____
- Recurring Dreams/ sleep patterns
  _____
  _____

- Feel free to add any additional informations you feel may be of value:
  _____

  _____

  _____

- On a scale of 1-10 (one being not very important and 10 being very important) how important is it to you to solve this problem or support yourself in this way?
  _____

- What is your energy level (scale of 1-10)? Do you hit a wall at anytime during the day?
  _____

- If not a 10, why not? _____

- How much time a day are you wiling to commit to your program?
  _____

- Do you have regular facials, massage or acupuncture: frequency?
  _____

  _____

  _____

- Do you currently follow a home treatment programs for skin and/ or body care? Please explain.
  _____

  _____

- How do you feel about your body? _____

  _____