



*Healing Power Health Coaching*

## **Intake Questionnaire**

Please answer following questions. All the information provided is considered confidential and protected.

### **Patient Information:**

Name:

Date of Birth:

Age:

Phone Number:

May I leave you a message?

E-mail Address:

May I email you?

Occupation:

Emergency Contact Information (Name and phone number):

### **Health Questionnaire:**

1. Have you been diagnosed with cancer? (Date, type)
2. Have you had chemotherapy?
3. Have you had any surgeries related to cancer? Type, any lymph nodes removed?
4. Have you had radiation therapy? To what areas?

5. What other medical condition have you been diagnosed with?
6. Do you have any physical limitation caused by your medical condition?
7. Do you have any pain? Specify location and rate it on a scale of 0-10 (lowest- highest)
8. Describe your pain. (Sharp, dull, constant)
9. Have you received any physical therapy to recover? What did your therapist do for you?
10. Who are your doctors?
  - a. PCP:
  - b. Medical Oncologist:
  - c. Surgeon:
  - d. Plastic surgeon:
  - e. Other specialist:
11. What other surgeries have you had? Please mention all with date performed.
12. List all of the medication that you are taking. Please add your supplements as well.

13. Have you been diagnosed and/or treated for anxiety or depression?
14. Have you received any type of mental health services? (Psychotherapy, psychiatry, medication)
15. Are you currently experiencing overwhelming sadness, grief, or depression?

**Wellness Questionnaire:**

1. What are the main stressors in your life right now?
2. Do you exercise regularly? Please explain.
3. How do you describe your diet? Standard American diet, fairly healthy, anti-inflammatory including Vegan, Paleo, Mediterranean, etc...
4. Do you sleep well at night? How many hours? Do you fall asleep easily? Do you stay asleep throughout the night?
5. Do you drink alcohol? How many glasses per week?
6. Do you smoke?
7. Do you fatigue easily?
8. Do you feel stressed? Rate it on a scale of 0-10 (lowest-highest)

9. Who do you rely on as your support team?
10. What do you enjoy doing as a hobby?
11. Do you work? What is your occupation?
12. Do you have any children? Do they need you to physically take care of them? Are you physically and emotionally able to take care of your children/family?
13. What do you feel to be your contribution to life?
14. Why do you want to work with a health coach?
15. Why do you think “now is the right time” to make a change?
16. How ready do you think you are to make a change and leave a positive impact on your health on a scale of 0-10 (least-most)