

BASTYR CENTER FOR NATURAL HEALTH
-----Wellness Coaching-----

INTAKE QUESTIONNAIRE

NAME: _____ **DOB** _____

ADDRESS: _____

Phone: Home: _____ **Cell:** _____

Email Address: _____

EMERGENCY INFORMATION:

Name: _____ **Relationship** _____

Phone: Home: _____ **Cell:** _____

If you are uncomfortable answering any questions that follow, you may leave them blank.

At our initial appointment we can review your answers in depth, clarify your goals, and determine together an appropriate course of action.

Gender: Male Female Transgender Non-binary Gender non-conforming Gender-fluid
 Gender-expansive Prefer not to disclose

Race (e.g., White, Black) _____

Ethnicity (e.g., Irish, Haitian) _____

Sexual Identity

Heterosexual Bi-Sexual Gay / Lesbian Queer Questioning Prefer not to disclose

Relationship Status _____

What else would you like me to know about your lifestyle/relationship structure?

Religious affiliation/spirituality: _____

Do you identify as having a disability? No Yes (please specify) _____

How would you rate your overall physical health? Excellent Great Good Fair Poor

Do you have any sleep problems? Yes No If yes, please
describe: _____

Are you dealing with any past or current addictions? Yes No If yes, please
describe: _____

Have you had any issues with Depression, Anxiety, ADHD, Eating Disorders, or Trauma? Yes No

If yes, when? _____

Please describe: _____

Are you currently seeing a therapist? Yes No

If yes, is your therapist aware that you want to start wellness coaching? Yes No

If yes, please describe what issues you are addressing in therapy: _____

In the past 12 months have you contemplated suicide? Yes No

If yes, please describe the situation(s) and trigger(s): _____

Have you ever intentionally harmed yourself in any way or attempted suicide? Yes No

If yes, when? _____ Please describe the situation(s) and trigger(s): _____

Have you ever received care in the hospital for a mental health concern? Yes No

If yes, when? _____ What was the nature of the problem that led you to receive care in the hospital? _____

Are you currently taking any medications? Yes No

If yes, please list: _____

Do you currently use any herbs, supplements, or foods for a mental health related concern? Yes No

If yes, please list: _____

How often do you drink alcohol, use marijuana, and/or use other substances? _____

Do you exercise regularly? Yes No If yes, please describe what you do and how often:

What do you do for fun? _____

What parts of your life are working best now? _____

What parts of life are working least well? _____

What else would you like me to know about you? _____

What goals, aspirations, desires, and intentions do you want to accomplish in wellness coaching?

1. _____

2. _____

3. _____