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 (please check all that apply)

☐Single, NOT romantically involved. Time since last romantic relationship: _____

☐Single, romantically involved. How long have you been involved?_____

☐Married./Domestic Partners. Number of years: _____

☐Separated. How long? _____

☐Divorced. Date of divorce: _____

☐Widowed. Since? _____

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

_____

_____

Please list the names and relationships of the five most important people in your life:
1. _____

2. _____
3. _____
4. _____
5. _____

Do you have pets? □ Yes □ No If yes, please list:
_____

Languages spoken:_____

Religious affiliation/spirituality: _____

Involvement: □ None □ Some /irregular □ Active

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? _____
_____

Are you usually: □ Early □ On Time □ Running Late

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

How often do you watch television? _____

What are your favorite hobbies and sports? _____
_____
_____

What do you do for fun? _____
_____
_____

When you treat yourself, what are things you like to do? _____
_____
_____

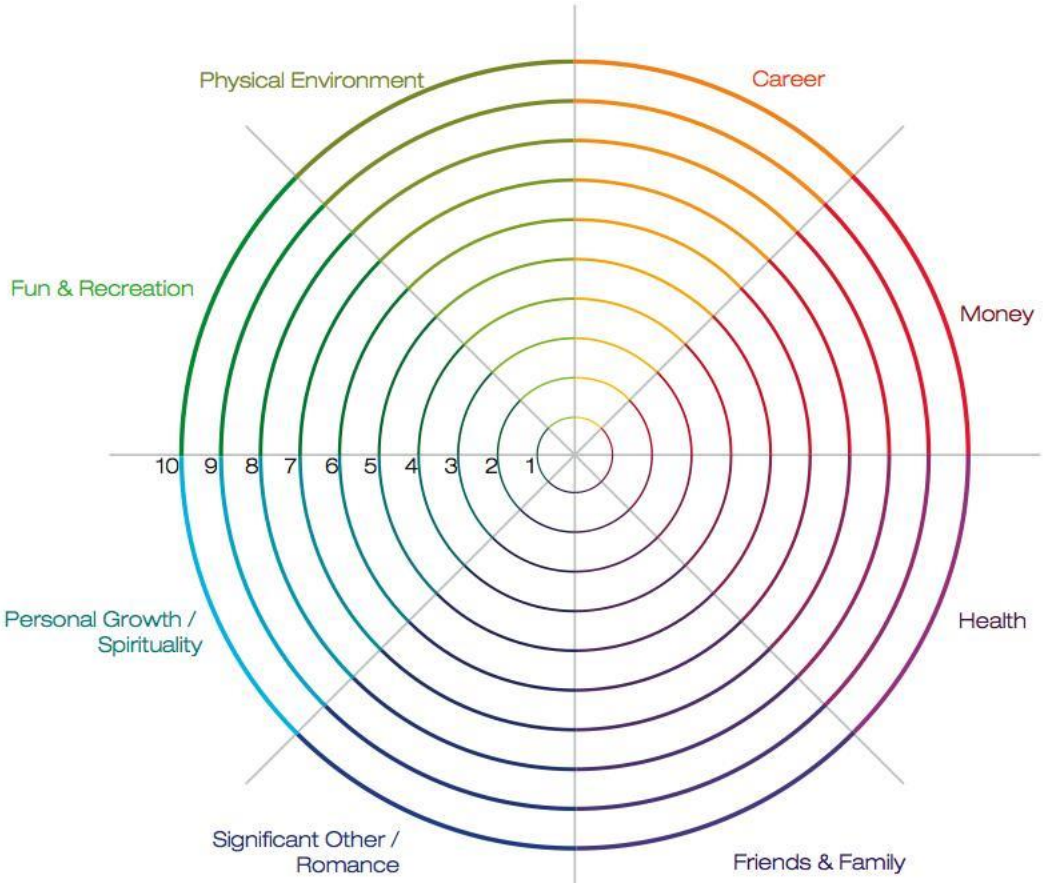
What parts of your life are working best now? _____
_____
_____

What parts of life are working least well? _____
_____
_____

What are your values? _____
_____
_____

What stops you from having the life you want to have? _____
_____
_____

On a scale of 0 – 10 with 0 indicating no satisfaction and 10 indicating the most satisfaction, how satisfied are you with the following areas of your life right now? Note your level of satisfaction on the wheel below.



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. _____