



Jared Green Therapeutics

Life Coaching Health History Form

Name: _____ Date of Birth: ____/____/____ Age: ____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Email: _____

Please add me to your last-minute contact list for discounts and promotions via email.

How did you hear about me?

<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Outside Sign/Flyer	<input type="checkbox"/> Doctor/Chiropractor	<input type="checkbox"/> Friend/Family: _____	<input type="checkbox"/> Google	<input type="checkbox"/> Yelp!	<input type="checkbox"/> Other: _____
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Relationship status: _____ Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

What was the best job you've ever had? _____

Any serious illnesses/hospitalizations/injuries? _____

Do you take any supplements or medications? Please list: _____

Any healers, helpers, therapies with which you are currently involved? Please briefly describe reason: _____

Do you sleep well? _____ How many hours? _____

What are your hobbies? _____

Who are your major role models? Why? _____

Have you received lifestyle coaching before? _____

What are your coaching expectations? What do you hope to get out of this session? _____

How do you want to be coached? What do you need to feel successful? _____

Your biggest goals in the next three months: _____

Your biggest goals in the next three years: _____

The most difficult obstacle that you've overcome: _____

Please turn over and fill out page 2



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What areas of your life are you interested in focusing on? Please briefly explain what you want:

Family: _____

Career: _____

Money: _____

Personal behavior: _____

Relationships/friendships: _____

Living Space: _____

Personal knowledge: _____

Health: _____

Play/leisure: _____

Creativity: _____

Do you believe your family/friends will be supportive of your desire for lifestyle updates? _____

What stresses you out? Please list: _____

What relaxes you? Please list: _____

Anything else you want to share? _____

Informed consent for life coaching:

I understand that Jared G. is experienced and trained as a *Life Coach* and that he is not a Medical Doctor nor a Licensed Professional Counselor. The main focus of this session is the holistic approach to life and sustainable motivation. I understand that Jared does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals. I understand that *Life Coaching* is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

By signing I am acknowledging that I have filled out this form to the best of my ability and that the information I provided is accurate.

Signature

Date