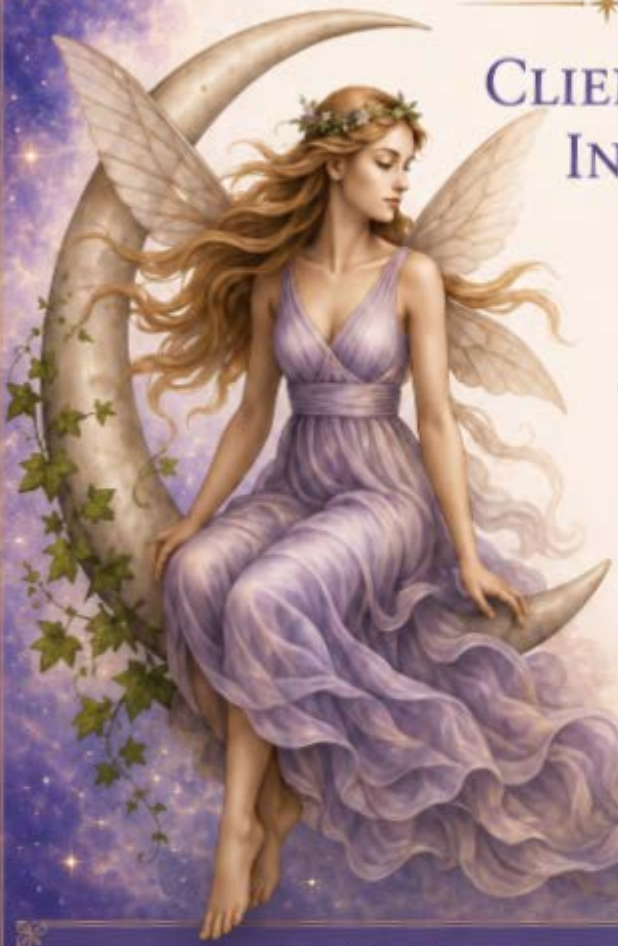
Naturally Una Holistic Healing



Client Wellness Intake Form

Healing begins with understanding the whole person, not just the symptoms.

Thank you for trusting Naturally Una Holistic Healing to walk alongside you on your wellness journey. This questionnaire helps to *analyze* your health so we can create a personalized approach that honors your mind, body, and spirit.

The Six Dimensions of Wellness

Physical | Spiritual | Occupational | Intellectual | Social | Emotional

PART 1

Your Wellness Journey

What inspired you to seek holistic health coaching?

What are your biggest health concerns right now?

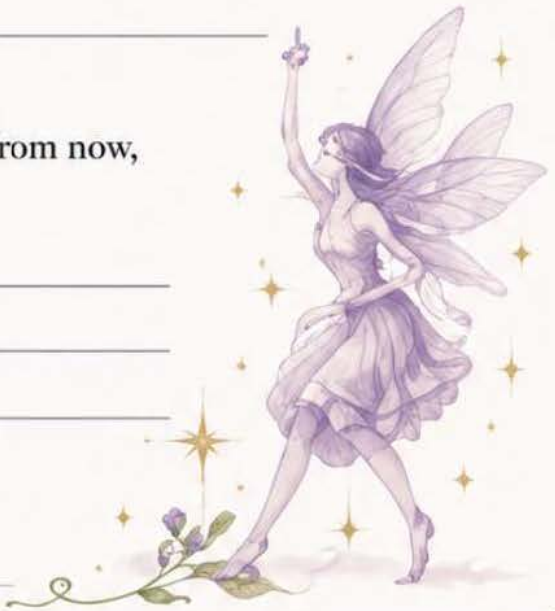
What are your top three wellness goals?

1.

2.

3.

If we were celebrating your success six months from now, what would have changed?



PART 2

Physical Wellness

Height: _____ Weight (optional): _____

Primary Care Physician: _____

Current Diagnosed Conditions:

_____ _____

_____ _____

_____ _____

Current Medications: _____

_____

Supplements: _____

Food Allergies: _____

Recent Lab Work? ◯ Yes ◯ No If yes, would you like to discuss the results? ◯ Yes ◯ No

Rate your current energy:

- ◯ Very Low
- ◯ Low
- ◯ Moderate
- ◯ Good
- ◯ Excellent

Do you experience: (check all that apply)

- ☐ Fatigue
- ☐ Headaches
- ☐ Digestive issues
- ☐ Bloating
- ☐ Heartburn
- ☐ Poor Sleep
- ☐ Joint Pain
- ☐ Hormonal Concerns
- ☐ Brain Fog
- ☐ Frequent Illness
- ☐ Skin Issues
- ☐ Anxiety
- ☐ Other _____

PART 3

Nutrition, Movement & Sleep

Nutrition

Describe a typical day of eating.

Favorite healthy foods?

Foods you avoid?

Water intake each day:

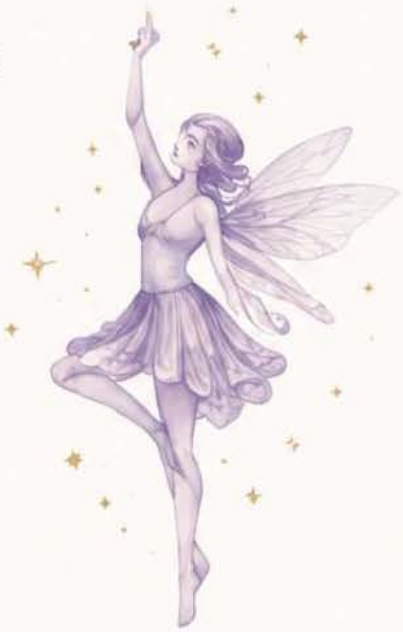
Coffee/ Caffeine:

Alcohol:

Tobacco:

Do you feel your relationship with food is...

- ◯ Healthy
- ◯ Emotional
- ◯ Stress-related
- ◯ Restrictive
- ◯ Unsure



Movement & Physical Activity

How often do you exercise?

Favorite forms of movement?

How active is your daily lifestyle?

Any injuries or limitations?

Sleep & Recovery

Average hours of sleep:

Sleep quality:

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

Do you wake feeling rested?

- ◯ Yes
- ◯ Sometimes
- ◯ No

What helps you relax?

PART 4

Emotional, Spiritual & Intellectual Wellness

Emotional Wellness

How would you describe your current stress level?

- ◯ Very Low
- ◯ Low
- ◯ Moderate
- ◯ High
- ◯ Overwhelming

Biggest current stressors:

_____

_____

_____

How do you typically cope with stress?

_____

_____

What brings you joy? _____

Spiritual Wellness

How do you connect with yourself spiritually? (check all that apply)

- ☐ Prayer
- ☐ Church / Faith Community
- ☐ Meditation
- ☐ Yoga
- ☐ Nature
- ☐ Journaling

Other _____

Do you feel spiritually fulfilled? ◯ Yes ◯ Sometimes ◯ No

Intellectual Wellness

What hobbies or interests light you up?

_____

_____

_____

Are you someone who enjoys learning new things?

- ◯ Yes
- ◯ Sometimes
- ◯ No

How do you challenge your mind?

_____

_____

_____

PART 5

Occupational, Social & Lifestyle Wellness

Occupational Wellness

Do you enjoy your work?

- ◯ Yes
- ◯ Sometimes
- ◯ No

Does your career support your wellness?

- ◯ Yes
- ◯ Sometimes
- ◯ No

What challenges do you experience at work?

_____

_____

_____

Social Wellness

Who makes up your support system?

_____

_____

_____

How connected do you feel to family and friends?

- ◯ Very Connected
- ◯ Somewhat Connected
- ◯ Not Very Connected

Do you spend enough quality time with people who recharge you?

- ◯ Yes
- ◯ Sometimes
- ◯ No

Lifestyle

How much time do you spend outdoors each week?

_____

_____

_____

Any recent major life changes? (check all that apply)

- ☐ Divorce
- ☐ Marriage
- ☐ New Baby
- ☐ Job Change
- ☐ Loss of Loved One
- ☐ Moving
- ☐ Financial Stress
- ☐ Other _____

_____

PART 6

Holistic Wellness Goals & Acknowledgment

Holistic Wellness Goals

What does "healthy" mean to you?

_____

_____

What are you hoping to gain from working together?

_____

_____

What would make this coaching experience feel successful?

_____

_____

Is there anything else you'd like me to know?

_____

_____

_____

Acknowledgment

I understand that holistic health coaching is intended to educate and wellness and is not a substitute for medical diagnosis, treatment, or emergency care. I understand I should continue working with my licensed healthcare providers for any medical concerns.

Signature: _____ Date: _____

Thank you for trusting me with your journey.
I'm honored to walk beside you. ♡

Thank You

Thank you for allowing me to become part of your wellness journey. I look forward to helping you uncover sustainable habits that support your healthiest, happiest self.

Next Steps

- Review & submit your intake form.
- Schedule your initial consultation.
- Begin your personalised wellness journey.

You are worthy of healing, balance, and a life you love.