



Name: _____ Date of Birth: _____

Age: _____

Main Phone #: _____

Email: _____

Street Address: _____ City: _____

Postal Code: _____

Occupation: _____

Height: _____ Weight: _____

In Case of Emergency Contact: _____ Relationship: _____

Phone# _____

Physician: _____ Phone: _____

Last Physical Exam: _____

Are you currently under a doctor's care: Yes No If yes, explain:

Have you ever had an exercise stress test: Yes No

*If yes, were the results: Normal Abnormal

Do you take any medications on a regular basis? Yes No

Blood Type? _____

*If yes, please list medications and reasons for taking:

Do you take any vitamin and/or herbal supplements? Yes No

*If yes, please list all, the brand and reason for taking:

Have you been recently hospitalized (within the past 5 years)? Yes No

* If yes, explain:

Are you pregnant or breast feeding? Yes No

Rate your level of Stress (0-low to 10-extremely high) _____

How many alcoholic beverages do you consume/week? _____

Do you smoke? Yes No

How many hours do you sleep/night: _____

Do you have trouble falling or staying asleep Yes No

How many days a week do you perform physical exercise? _____

For what duration of time? _____

Do you have: High blood pressure? High cholesterol? Diabetes?

Depression/Anxiety? Liver Disease? Mental Illness?

Have parents or siblings who, prior to age 55 had any medical , metabolic syndrome or autoimmune diseases? Yes No

Do you have:

Asthma? Back pain: upper, middle, lower? Other joint pain (explain below)?

Muscle pain or an injury (explain below)?

Food Allergies and/or intolerances: Yes No

Has your physician or any other medical professional advised you to refrain from following an exercise or nutrition program: Yes No

*if yes, explain

My top 3 goals in regard to why I'm interested in Life One Life Coaching's support & guidance are;

1. _____

2. _____

3. _____

I, _____, am of sound body and mind to be participating in a total lifestyle & fitness program created by Live One Life Coaching, including nutrition, exercise, vitamin/supplement, motivation and habit advice /guidance: Yes No

To the best of my knowledge, the above information is true and correct.

Date _____

Signature _____