Keep Climbing Coach

Client Intake Form

(Disclaimer: while you are not obliged in any way to divulge any of the following information with me, the more I know the more I can help. Please answer all that feels appropriate to you.)

Full Name:

Date of Birth:

Phone Number: Email:

Emergency contact, name: Phone:

Primary Care Physician:

1. Briefly describe why you are coming to coaching today?
2. What have you done in the past to address these concerns? (list all traditional and alternative modalities)
3. To date, how have these helped?
4. What has helped the most?
5. What do you feel are your greatest obstacles?
6. What is your current diet like? (please be as descriptive as possible)
7. What medications/supplements are you taking
8. What medications/supplements have you tried?
9. Do you smoke/vape?
10. Do you drink?
11. What is your support system like?
12. What will ‘success’ look like to you?
13. Share something special about you.