

General Info:

Client Name: _____

Ph: _____

Date: _____

Who referred you to Bodies for Birth ? _____

Provider: _____

GOALS

What is your primary goal or reason for embarking on this program?

EXERCISE HABITS

In the last 4 weeks, how many days per week have you exercised? What activities?

In order to reach your health and fitness goals, how many days per week are you intending to exercise?

What time is allotted for fitness?

In the past, what kinds of activities have been the most fun for you?

MEDICAL HISTORY

Do you have any aches and pains anywhere in your body? YES or NO

What are they and when do they occur? What makes them better or worse?

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Do you have any existing medical conditions? YES or NO What are they?

Do you take any medications (even over the counter)? YES or NO What for?

Have you ever had surgery? YES or NO What for? When?

LIFESTYLE, DIET, ENVIRONMENT & TOXIC BURDEN:

How do you spend your days? Work? School? At-home etc. How do you use your body in daily life ie: seated at a desk, chasing after kiddos, on your feet for work, heavy lifting etc.

What time do you typically fall asleep at night, and rise in the morning? Do you ever have restless sleep?

How many days per week do you make time for mind-clearing relaxation? What activity?

Do you eat unprocessed whole foods (vegetables, fruits, meats, nuts) free from pesticides, hormones, antibiotics, and other chemical additives 80% of the time?

How much water (not including other liquids) do you drink every day?

SUPPORT & NOURISHMENT:

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What resources are available to help you meet your current health and wellness goals?

What support is in place?

Are you seeking additional resources, ie: doula, childbirth education classes?
