

# Health Recovery with Health Coach: Cary Kelly

**Eat4life2live.com**

**email to: eat4life@aol.com**

**Say this "I wanna LIVE!" "I wanna be WELL!" "I wanna feel GREAT!"  
Let's save ourselves and NOT get dead!**

**Please write or print clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Telephone – Home: Cell:  
Work: \_\_\_\_\_

Best time to reach you? At Home: On Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight six months ago: \_\_\_\_\_ One year ago: \_\_\_\_\_

Would you like your weight to be different? \_\_\_\_\_ If so, what? \_\_\_\_\_

Relationships status: \_\_\_\_\_ Children? \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_ What times? \_\_\_\_\_

To urinate? \_\_\_\_\_ What time do you generally get up in the morning? \_\_\_\_\_

Constipation/Diarrhea? \_\_\_\_\_ Explain: \_\_\_\_\_

Women: Are your periods regular? \_\_\_\_\_ How many days is your flow? \_\_\_\_\_ How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you take any supplements or medications? If so, which? \_\_\_\_\_

Are there any healers, helpers or treatments with which you are involved?  
Please list: \_\_\_\_\_

What role does exercise play in your life? \_\_\_\_\_

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All information provided is strictly confidential and protected for discussion between only you and your HEALTH COACH!

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Do you drink coffee, smoke cigarettes, or have any addiction history? \_\_\_\_\_  
How many coffees per day?                      Alcohol drinks per week?                      Preference:

What percentage of your food is home cooked? \_\_\_\_\_      Where do you get the rest from? \_\_\_\_\_

Any diagnosed illness/ hospitalizations/  
injuries? \_\_\_\_\_

What is your chief concern? \_\_\_\_\_  
What is your secondary  
health concern? \_\_\_\_\_

Other worries or  
difficulties? \_\_\_\_\_

Has a physician ever warned you about your labs indicating abnormal sugar levels, high cholesterol, or liver etc?

Do you know your most recent results?  
Have you been told you are overweight or obese?  
What kind of meals did you eat as a child growing up?

Was your mom or dad obese?

What did you consume yesterday or what do you normally consume in one typical day?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your FAVORITE comfort foods that are the hardest to give up?  
\_\_\_\_\_

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What stress level have you been at lately?

ie:Very little

Mild

Moderate

Severe

*Main issue(s) causing your stress:*

Do you have a social network?  
(family, friends or co-workers)

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How many social outings do you  
attend per month?

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Hobbies/Things you do for FUN:  
How often?

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Are you spiritual? Do you believe  
in a higher being?

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Do you meditate or pray?

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Do you follow a denomination or  
spiritual discipline?

If so, please list

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If so, do you attend services?

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What is the main reason you  
have reached out for help?

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