



## Intake Form

Thank you for taking the time to fill out the following questions. Please email the completed version back to me at [Monica@fertilehealthexpert.com](mailto:Monica@fertilehealthexpert.com) prior to our first session. All of your information will be kept confidential.

Please enter your full name and best phone number to reach you: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Goal weight (if different than weight now) \_\_\_\_\_

1. What is your main health concern? \_\_\_\_\_

2. What have you done in the past to work on this health condition? (include both alternative and traditional modalities.) \_\_\_\_\_

3. What (if anything) has proven effective?

\_\_\_\_\_

4. Describe a typical weekday in terms of wake-up time, meal times, activity, work and your nighttime routine.

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5. What is your current diet like? Please be specific; list breakfast, lunch, dinner, and snacks, as well as the times you eat.



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6. How much water do you drink per day? Do you drink any non-water drinks? (Coffee, soda, smoothies...etc).

7. How much do you move/exercise? Describe a typical week in terms of movement. What is your favorite form of exercise? How did you move as a kid (sports; playing outside...etc). What, if anything, would you like to do in your body that you can't do now?

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8. How much do you sleep? What do you do to prepare for sleep/bedtime routine? \_\_\_\_\_

9. Who lives in your house? Ages of kids (if applicable). Any pets? If you have a partner, is he/she supportive of your health journey? \_\_\_\_\_



10. Are you taking any medications/ supplements? Please list what you take and why you take it/them:

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11. What would you like your health to be 30 days from now? How about 90 days from now? What would be different for you if you achieved the health goal that you desire? \_\_\_\_\_

12. What obstacles, challenges, and struggles can you identify? \_\_\_\_\_

13. How can I support you? \_\_\_\_\_

13. What are 5 things you love about your life? \_\_\_\_\_