Body BY VINA

IG: @BODYBYVINA_
TIKTOK: @BODYBYVINA
YOUTUBE: @BODYBYVINA

client intake

Full Name: _____ Date of Birth: / /

Address: _____

State: _____ ZIP: _____

Email Address: _____ Phone Number: _____

Occupation: _____ Hours per Week: _____

Relationship Status: _____ Referred By: _____

Preferred Method of Contact: ☐ E-Mail ☐ Text ☐ Phone

When is the best time to reach you? ☐ Morning ☐ Afternoon ☐ Evening

HEALTH GOALS

What would you like to achieve during your initial visit?

_____

_____

_____

_____

What are your top 3 goals for your health and wellness? Please be specific.

_____

_____

_____

_____

If you had to achieve one goal within the next 3 months, what would that goal be?

_____

_____

_____

_____

client intake

What is/are your biggest challenges reaching your nutrition goals?

What have you tried in the past to achieve your health goals?

Do you have any barriers that may impact your ability to follow a nutrition plan?

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness and willingness to do the following:

Significantly modify your diet:

1 2 3 4 5 6 7 8 9 10

Take nutritional supplements each day:

1 2 3 4 5 6 7 8 9 10

Keep a record of everything you eat each day:

1 2 3 4 5 6 7 8 9 10

client intake

Modify your lifestyle (e.g.: work demands, sleep habits, physical activity):

1 2 3 4 5 6 7 8 9 10

Practice relaxation techniques:

1 2 3 4 5 6 7 8 9 10

Engage in regular exercise/physical activity:

1 2 3 4 5 6 7 8 9 10

LIFESTYLE

Please describe your typical sleep schedule, including how many hours of sleep.

Do you experience trouble falling asleep? ☐ Yes ☐ No ☐ Occasionally

Do you awaken feeling rested? ☐ Yes ☐ No ☐ Occasionally

Do you ever experience any lows or highs in your energy levels throughout the day?

client intake

Do you workout? If so, please describe your routine and frequency.

What are the major causes or factors of your stress?

On a scale of 1 (extremely low) to 10 (extremely high), how would you describe your:

Stress Levels:

1 2 3 4 5 6 7 8 9 10

Energy Levels:

1 2 3 4 5 6 7 8 9 10

General Happiness:

1 2 3 4 5 6 7 8 9 10

How does your stress manifest itself? (i.e. fatigue, irritability, anxiety, etc.)

client intake

What coping mechanisms do you have?

DIET HISTORY

Do you have any dietary restrictions for personal or religious reasons?

Do you suffer from any allergies, sensitivities or intolerances?

How much time do you spend cooking or preparing meals each day?

Do you find cooking difficult? Please explain.

client intake

Which meals do you eat regularly? ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snacks

Do you experience any symptoms if meals are missed? Please explain.

How often do you have a bowel movement?

If you take laxatives, what type/brand do you use? How often?

How would you describe your stools? ☐ Hard ☐ Soft ☐ Loose

Please indicate how often you experience the following symptoms:

Heartburn	☐	Often	☐	Sometimes	☐	Rarely
Gas	☐	Often	☐	Sometimes	☐	Rarely
Bloating	☐	Often	☐	Sometimes	☐	Rarely
Stomach Pain	☐	Often	☐	Sometimes	☐	Rarely
Nausea or Vomiting	☐	Often	☐	Sometimes	☐	Rarely
Diarrhea	☐	Often	☐	Sometimes	☐	Rarely
Constipation	☐	Often	☐	Sometimes	☐	Rarely

confidentiality

Confidentiality Agreement

I, _____, understand and acknowledge that the information I share with Body By Vina LLC and its nutrition coach will be treated as confidential. I recognize the importance of maintaining the privacy and security of my personal health information.

Confidentiality Terms

1. I understand that all information shared with Body By Vina LLC during consultations and interactions, including my health information, medical history, dietary habits, and lifestyle choices, will remain confidential.
2. I acknowledge that Body By Vina LLC will take reasonable measures to ensure the privacy and security of my information, including secure storage and limited access to authorized personnel only.
3. I understand that Body By Vina LLC will not disclose or share my information with third parties without my explicit consent, except as required by law or professional obligation.
4. I acknowledge that Body By Vina LLC will retain my records and information as required by law or professional standards and will dispose of them securely when no longer needed.
5. I understand that I have the right to:
- Access my personal health information.
- Request amendments or corrections to my records.
- Withdraw consent for the use or disclosure of my information.
6. I understand that in the event of a data breach or unauthorized disclosure of my information, Body By Vina LLC will promptly notify me and take appropriate steps to mitigate any potential harm.

By signing below, I confirm that I have read, understood, and agree to the terms of this confidentiality agreement.

Client Signature: _____ Date: _____
Coach Signature: _____ Date: _____

Body By Vina LLC