



LAKSHMI WELLNESS

Please write or print clearly. Your information will remain confidential. If anything on this form is uncomfortable for you to answer or you simply do not wish to answer please feel free to skip.

PERSONAL

First/Middle and Preferred Name:

Last Name:

Preferred Pronouns:

Sex assigned at birth:

Gender:

Age:

Date of Birth:

Time of Birth (if known):

Place of Birth:

Hometown:

Education:

Occupation:

How many hours /per week?

Email:

Phone:

(Cell, Home, Work- please circle)

SOCIAL

Relationship Status:

Address/ Where do you currently live?

Children?

Pets?

Do you live alone?

Who do you live with?

Friends/Family and support system? Please Describe.

Do you belong to a community? i.e. religious, secular, 12-step program, women's/men's group, sports or community group

Are you satisfied with your current social situation? (please explain)

GENERAL HEALTH

What are your main wellness concerns? (i.e. Physical, Emotional, Mental or Spiritual) Please describe.

Any other concerns and/or goals?

At what point in your life did you feel your best? Briefly- Why?

Any current or previous serious illnesses, hospitalizations, or injuries?

How is/was your mother's physical/mental health?

How is/was your father's physical/mental health?

If Known:

What is your ancestry?

What is your blood type?

How is your sleep?

How many hours do you sleep per night?

Do you wake up during the night? If so, why?

Any pain, stiffness, or swelling?

Any constipation, diarrhea, or gas?

Any allergies or sensitivities that you are aware of?

Any feelings of anxiety, depression or excessive worry? If so describe briefly

Any other areas of concern with respect to your physical or mental health?

WOMEN'S HEALTH

Are your periods regular? How many days is your flow? How frequent?

Are your periods painful or symptomatic? If so, please explain:

Have you reached or are you approaching perimenopause/ menopause? If so, please explain:

What is your birth control history?

Do you experience yeast infections or urinary tract infections? If so, please explain:

Are you sexually active?

Any areas of concern related to sexual activity or sexuality?

MEDICAL, EXERCISE, SPIRITUAL and FOOD

List all supplements or medications

Are you currently OR have you been involved with any doctors, healers, therapists, coaches? Please describe.

What role does physical activity play in your life? Describe:

Are you interested in spirituality and spiritual practice? i.e. yoga, meditation, prayer, religious affiliation and/or attendance

Do you have a (formal or informal) spiritual practice?

Think about the things that give you joy? i.e. music, movies, time with family or friends, hobbies, gardening, taking a bath, shopping, traveling, reading, yoga, exercise etc.

Please be specific and indicate how often you make time for those things:

Does your family/ social circle support the things that give you joy?

Would your family and friends be supportive of your desire to make lifestyle changes?

Do you cook?

What percentage of your food is home-cooked?

Where does your non-home-cooked food come from?

What foods do you love and what foods did you eat often as a child?

What does an average day look like for you with respect to food/beverage intake:

Breakfast

Lunch

Dinner

Snacks

Liquids

Do you crave certain foods... or sugar, coffee, salt, alcohol or cigarettes? Describe:

Do you drink alcohol? If so how much/often?

Do use CBD or THC/Marijuana? (circle 1 or both) How often?

Describe your use and effectiveness: i.e. recreational, relaxation, sleep and/ or pain relief

Do you currently use any drugs recreationally? Have you used recreational drugs in the past?
Describe.

What is the most important thing you feel you should change about your lifestyle to improve your physical, mental emotional health?

Please list three (3) of the most important people in your life currently?

Please list three (3) of the main stressors or worries that you seem to be dealing with currently:

Please print/sign/date that you have read and agree to Lakshmi Wellness LLC Privacy Policies.

Printed Name

Signature

Date

ADDITIONAL COMMENTS

Is there anything else you would like to share prior to our initial consultation?

PRIVACY & POLICY

LAKSHMI WELLNESS LLC

Description of Coaching: Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. It is designed to facilitate the creation/development of personal, professional, health or business goals and to develop and carry out a strategy/plan for achieving those goals.

1) Coach-Client Relationship

A. Coach agrees to maintain the ethics and standards of behavior established by the National Board of Health and Wellness Coaching "(NBHWC)" <https://nbhwc.org/code-of-ethics/> . It is recommended that the Client review the NBHWC Code of Ethics and the applicable standards of behavior.

B. Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease. Coach may provide suggestions for licensed medical and mental-health providers; however should not be deemed as prescription or endorsement.

C. Client further acknowledges that he/she may terminate or discontinue the coaching relationship at any time. All contracted sessions and pre-payments will not be refunded.

D. Client acknowledges that coaching is a comprehensive process that may involve different areas of his or her life, including work, finances, health, relationships, education and recreation. The Client agrees that deciding how to handle these issues, incorporate coaching principles into those areas and implementing choices is exclusively the Client's responsibility.

E. Client acknowledges that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that coaching is not to be used as a substitute for psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client's exclusive responsibility to seek such independent professional guidance as needed. If Client is currently under the care of a mental health professional, it is recommended that the Client promptly inform the mental health care provider of the nature and extent of the coaching relationship agreed upon by the Client and the Coach. Coach may work in accordance with Client's mental health provider if requested by such provider and Client.

F. The Client understands that in order to enhance the coaching relationship, the Client agrees to communicate honestly, be open to feedback and assistance and to create the time and energy to participate fully in the program.

2) Procedure: The time of the coaching meetings and/or location will be determined by Coach and Client based on a mutually agreed upon time and meeting method.

3) Confidentiality This coaching relationship, as well as all information (documented or verbal) that the Client shares with the Coach as part of this relationship, is bound by the principles of confidentiality set forth in the **NBHWC code of ethics. However, please be aware that the Coach-Client relationship is not considered a legally confidential relationship (like the medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege. The Coach agrees not to disclose any information pertaining to the Client without the Client's written consent.

The Coach will not disclose the Client's name as a reference without the Client's consent. Confidential Information does not include information that: (a) was in the Coach's possession prior to its being furnished by the Client; (b) is generally known to the public or in the Client's industry; (c) is obtained by the Coach from a third party, without breach of any obligation to the Client; (d) is independently developed by the Coach without use of or reference to the Client's confidential information; or (e) the Coach is required by statute, lawfully issued subpoena, or by court order to disclose; (f) is disclosed to the Coach and as a result of such disclosure the Coach reasonably believes there to be an imminent or likely risk of danger or harm to the Client or others; and (g) involves illegal activity.

****NBHWC Confidentiality & Privacy Policy**

The National Board for Health and Wellness Coaching (NBHWC) recognizes the critical importance of following best-practice with regards to client/patient privacy and data confidentiality when handling client/patient information and records. The NBHWC recognizes that local, state, and federal regulations, as well as policies pertinent to individual employment settings, may dictate additional guidance and/or policies and procedures. As a general rule, the NBHWC holds the position that health and wellness coaches should manage client/patient personal health information and records according to the policies and procedures as established by the Health Insurance Portability and Accountability Act (HIPAA). What we discuss will be held in confidence and not shared with others. However, our discussions may not be privileged for legal purposes. There are some conditions under which confidentiality may not be maintained (e.g., illegal activity, pursuant to valid court order or subpoena; imminent or likely risk of danger to self or to others; etc.