



Brenda Schwaller
Integrated Nutrition & TRX Coach
AbundantHealthCoachBrenda.com
920-889-9616

Client Intake Form

Name _____

Date: _____

What are your biggest health concerns at the moment?

Please list current symptoms that you are experiencing.

Do you notice symptoms get worse at any particular time of the day or month, or in certain environments?

What have you been diagnosed with? Please provide approximate dates.

Are you currently under a doctor's care for these diagnoses? What kind of doctor (i.e., family doctor, chiropractor, functional medicine doctor) is treating these conditions?

What type of treatments have you tried?

Please provide a list of current medications and supplements you are currently taking.

Any additional comments or questions?