

Thrive! Lifestyle Counseling Intake Form

Name: _____ Date of Birth: _____

Today's Date: _____

About You

Who lives in your home with you? _____

What kind of work do you do? _____

What hobbies and/or interests do you enjoy? _____

Food

Who does your food shopping? _____

Who does your meal preparation? _____

How often do you go out to eat or buy prepared meals? _____

Do you drink regular soda and/or juice? Yes/No If yes, how many cups/day? _____

How much water do you drink on an average day? _____

Do you struggle with intense food cravings? Yes/No If yes, please describe how often you experience them, when you typically experience them, and what you typically eat?

What do you think your biggest food challenges are? _____

Please fill in what you typically eat:

Meal	Weekday	Weekend
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

Physical Activity

What, if any, type of exercise do you currently do? _____

What, if any, forms of exercise do you enjoy? (Even if you are currently not doing them)

Weight History

Please share your experiences with trying to lose weight. What, if any, methods/programs have you used in the past to lose weight? Did they work at all? What aspects of those approaches did you like and/or not like? Why did you stop? If you lost weight, have you maintained the weight loss or gained it back?

What do you think the biggest barriers are to you losing weight? _____

What prompted you to try lifestyle counseling? _____

On a scale of 0-10, how motivated are you today to start making changes to help you lose weight? _____

Are you able and willing to commit 10 minutes every day towards your efforts to lose weight?

Can you think of any significant habits that you have changed in your life? (i.e. stop smoking, cut down on alcohol, stopped biting nails, anger management, language changes – stopped saying “umm” or “like”, etc.) _____

Brag a little! What are some of your best qualities? _____

How do you think losing weight would impact your life? What benefits would come from losing weight? Some areas to think about are your health, self-confidence, mood, intimate life, career goals, and other life goals.

