

Name	Tel No	Mobile
Address		
Postcode	Email	
Occupation	Your contact with me was via	
Date	Reason for assessment	

Cardiovascular Exercise Hours per week	Smoking Number per day	Average hours sleep per night	Foods you know you should not eat but go ahead and eat	What snacks do you regularly eat?	Your Hobbies

What do you do regularly to get rid of stress?	How many times a week are you in touch with your best friend?	Which of your relations can you count on?	How often do you take time off for you?
	By mobile/facebook Face to face		

Detail any current illness

What is your approximate blood pressure?

Detail recent reasons for visiting your GP or other health professional eg chiropractor

NHS Surgery

Your GP

List supplements you take regularly

Regular medication

Any reactions?

Operations within 2 years

Any allergies?

Have you been on antibiotics for a period of time at any time childhood onwards? If so why?

Last infection date

What was it?

Any X - rays/scans with date

Mental/Psychological Wellbeing

Detail any mental health concerns you have had in the past or currently have

Helping your mental/psychological health

What do you do to reduce Stress in your life?

What do you do which is meaningful to you to help you relax and take time for you?

Social Wellbeing

Who is the one person you can call on and count on?

Tell me about your relationships with Family members

Who is the one person you can count on for emotional support/help with a decision

When did this last happen and why?

Wellbeing at work

Tell me about your work relationships

Who is the one person at work you can count on for support or help with a decision?

When did this last happen and why?

Past illness

Have you ever had any problems with your heart?

Has your blood pressure been high for a while at any time?

Do you know why this was?

Detail any past illness or reasons for regularly having to visit your GP

Were you on regular medication?

Which type?

Spiritual Wellbeing

Do you consider you have a spiritual base or belief system? If so please describe

If so how do you draw on your spiritual beliefs for support and help when moving forward in your life?

Please describe what gives you a sense of purpose in life. What activities have meaning or heart for you?

What's missing in life—the presence of which would make your life more fulfilling?

Have you ever done any meditation or other spiritual practice? If so please describe

Voluntary work

To what extent do you participate in voluntary community activities?

Detail your current community or volunteer work

What are your 4 most important values?

How does your work (paid or unpaid) role support your personal values or sense of purpose?

Do you know of any inner belief which compromises your work? Eg I don't have enough time/it's too difficult

What/who irritates you at home or at work?

Person/situation 1

Do you know why? Please describe

Person/situation 2

Do you know why? Please describe

Focusing your choices 1 (add clarity to the primary areas you want to focus on)

I would like to improve or change

How will your wellbeing improve when this is improved or changed?

Focusing your choices 2

I would like to improve or change

How will your wellbeing improve when this is improved or changed?

Focusing your choices 3

I would like to improve or change

How will your wellbeing improve when this is improved or changed?

Your daily chemical count

Are you interested in keeping your chemical count lower?

If so what area would you like to look at?

When is a good time in the week for me to support you with 15 minute Mini top ups via email or Skype?



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