



Affinity Coaching Solutions

New Client Questionnaire

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Gender: Male ___ Female ___

Occupation: _____ Cell Phone: _____ Other Phone: _____

PHYSICAL MEASUREMENTS & HISTORY *(Only necessary for weight-reduction clients)*

Height: _____ Weight: _____ Age: _____ Resting HR: _____ %Body fat (if known): _____

Note: Find Resting HR (Heart Rate) by taking your 20-second pulse & multiplying it by 3. Do this 1st thing in the morning prior to getting out of bed. If not then, do so after sitting still in a relaxed state for at least 15 minutes.

Do you consider yourself: Overweight? ___ Underweight? ___ If yes to either, please state reason.

When did you first begin to experience difficulty in managing your weight?



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Client Personal Insights

Please consider and answer each question with as much information as possible.

1 .What do you want to change?

2. How will the changes be positive for you?

3. What will be the negative consequences if you don't change?

4. How will this change affect other aspects (or people) in your life?



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5. What efforts have you made in the past or are you currently making to improve?

6. If there could be any reasons whatsoever you don't want to change, what would they be?

7. What will you need to do to make sure you succeed?

Medical & Mental Health History

Note: Certain medications and mental illnesses can interfere with hypnosis. There may also be valid medical conditions that contribute to weight gain. If you have any diagnosed medical conditions or prevalent physical or mental health symptoms, it may be necessary to obtain your physician or health care provider's approval prior to beginning this or any other program that may directly affect your health.



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How do you feel physically (i.e. High energy, low energy, cardiovascular level, lingering aches / pains, etc.)?

Do you have any injuries, medical conditions or physical limitations? Have you ever had any surgeries?

List all medicines and dosages you are currently taking:

Is there anything else your coach might need to know about you or your personal circumstances in order to create an effective program for you? Describe the coaching experience you want to receive.



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The undersigned hereby agree that the information presented in this document is accurate to the best of his and / or her knowledge. The client, as signed below, acknowledges that there are inherent risks involved in all physical training and agrees that Affinity Coaching Solutions, Damon Hopkins, and all affiliates shall not be held liable for any injury, physical, emotional, or otherwise, which may occur while the trainee is a client of Affinity Coaching Solutions, Damon Hopkins, or all affiliates. The physician agrees that positive, habit- reinforcing hypnosis, nutrition management, and physical exercise are acceptable and conducive to the well-being of the client. Signing of this document indicates that the signers have read and understand the content therein.

Signature of Client / Date: _____

Signature of Coach / Date: _____

Print name and telephone # of Physician: _____

(If necessary)

Signature of Physician / Date: _____

(If necessary)

Signature of Parent / Date: _____

(If child under age 18)

Signature of Parent / Date: _____

(If child under age 18)

Physician's comments? Given the provided information please list any concerns, restrictions, or requests for further communication.

Parent's comments? Given the provided information please list any concerns, restrictions.
