



Pinwheel The Art of Wellness Lifestyle _____ www.Geraldine.PinwheelPresents.com

Learn about your Health and let me Coach You about

Your Well-Being . . . The RN, Integrative Health Coach in a Functional Medicine model is rapidly developing in our communities. Nurse Coaches are uniquely situated to unite their clinical experiences and professional knowledge encompassing mind, body & spirit skills for whole-person care. I am a Holistic, Registered Nurse with additional National Board Certified Health & Wellness Coach credentials (NCB-HWC). I work both in the hospital setting and in our community. I coach, educate & present to individuals & groups about whole, clean food with evidence-based anti-inflammatory food plans from The Institute of Functional Medicine. I grow my own organic food. I can re-create your favorite recipes for your optimal health. Coaching toward stress relief and supporting you to discover your “bliss” through Arts & Wellness programs is a joy also as an award-winning Artist from Naples, Florida.

We Will Create a Partnership in this broader approach to care with coaching for your customized and proactive wellness plan. I provide the individual or group with guidance to address their health issues. It is like a traditional coach or fitness trainer with health and health-care knowledge supporting you over time, possibly with your physician, to adapt to the planned changes. Your approach to your goals on lifestyle choices and behavioral changes stimulates new ways of managing your health for optimal wellness throughout your life time.

Provide the following health or health-care information sincerely to maximize support :

Name _____ Date _____

Complete Address _____

Phone _____ Email _____

My important Health or Health-care concern _____

Confidential Intake:

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Name _____ Referred by _____

DOB ____ / ____ / ____ Phone _____ Can I text you? ____ Email? _____

Occupation or Lifestyle _____

Joys _____

Hobbies _____

Activities _____

Clubs, Organizations _____

Your vision of Optimal Health _____

Emergency contact _____ Phone _____

Height _____ Weight _____ BMI _____ How often do you weight yourself? _____

Allergies _____

Recent Antibiotics? _____ Sexual concerns? _____

Do you eat at home? _____ Do you eat prepared food? _____

Do you cook? _____ Do you eat before bed or during the night? _____

Do you eat breakfast? _____ Do you eat fast food? _____ Do you snack? _____

How many glasses of water a day? _____ How many hours of sleep a night? _____

Do you monitor your carbohydrate intake? _____ Fat? _____ Protein? _____

Do you go to a gym, walk in the neighborhood or exercise? _____ What? _____

Rate your daily average level of stress (1 -10 10 being worse): 1 2 3 4 5 6 7 8 9 10

What does eating food mean to you? _____

Have you ever felt you lived in your "bliss"? _____ What would that be? _____

Continue **Confidential Intake:**

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Main Complaint _____

Supplements _____

Medications _____

Present illness or Chronic Condition _____

Past History _____

Family / Social History _____

Tobacco use _____ Alcohol use _____ Drug use _____ Opioid use _____

BP _____ / _____ Pulse _____ Resp _____ O2 _____ Temp _____

Pain 1-10 _____ Lungs _____ Heart _____ Abdomen _____ GU/Rectal _____

Extremities _____ Neuro _____ Depression _____ Anxiety _____

The information provided is confidential. By signing, I agree that: It is my choice to receive integrative health coaching from a holistic, Registered Nurse and compensate accordingly. I understand that a holistic, Registered Nurse as a board certified nurse coach is not a physician and cannot prescribe medications or diagnose medical conditions. It is recommended that I see a primary health-care provider for that service. I have stated all medical conditions that I am aware of and will inform the nurse coach of any changes in my health or health-care status. I am aware that the health coaching consultations are given for the well-being of my body, mind and spirit. I agree to participate and communicate accordingly with the nurse coach as a partnership to achieve my optimal health. I attest that the above information is true and accurate to the best of my knowledge and if anything is unanswered the nurse coach will assist to complete.

Print Name _____ Signature _____

Date _____ / _____ / _____ Geraldine Novy BS, RN, NC-BC, NBC-HWC, FMCHC 813.514.7650
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