*All information provided, shared or expressed will be held strictly confidential by Health Strong, LLC. Under no circumstance will the information you provide be shared with a third party without your written consent.*

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| --- | --- |
| Client name (print): **First and Last Name** | Date: Click arrow and select date |
| Signature: **First and Last Name.** |
| Parent signature if client is under 18: **First and Last Name.** |
| Mailing Address: Street Address | City/State: City, State  | Zip: Zip Code |
| Client Phone: | Best **phone number** | Email: **Email address** |
| Employer: Employer name if client is associated with a corporate account |
| Would you like to receive Health Strong email updates? [ ]  Yes [ ]  No  |

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| On a scale of 1-10, 10 being the highest measure, rate the following: |
| **Rate the importance of your goals to lifestyle (1-10):**  | **Rate.** |
| **Rate your willingness to change your diet and lifestyle to meet your goals (1-10):** | **Rate.** |
| **Rate your stress level from 1-10 (10 being the most stressed):**  | **Rate.** |
| **How committed are you to changing your health (1-10):** | **Rate.** |

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| --- |
| What is going on with your health? What’s going on? |
| What treatments have you tried before and what results did you get? List Treatments & Results |
| Why are you motivated to seek health now? Why now? |

**What are you applying for:**

Midlife Small Group Mentoring Group: [ ]

High Value 1-on-1 Private Consultation Pkg: [ ]

Please download this application, save to your computer and email back to info@livinghealthstrong.com. We will review your application and get back to you shortly.

***Keep in mind, we work with clients for 3-6 months or longer in High Value programs and keep a very tight calendar, therefore, we only accept clients ready & serious about changing their health. If you’re filling out this application, you will be highly considered. I appreciate you reaching out to Health Strong.***