



PERSONAL INFORMATION FOR HEALTH COACHING

Name (as shown in NRIC):

NRIC/FIN No.:

Date of Birth:

Marital Status:

Sex: Male Female

Home Address:

Email:

Contact No:

Occupation:

Height:

Weight:

Blood Type:

How much water do you drink daily (exclude tea, coffee and soft drinks)?

Do you have a sweet tooth?

Yes No. If yes, please provide details:
daily or weekly intake of sugar (including soft drinks)

Do you smoke cigarettes?

Yes No

Do you drink alcohol or take any other stimulants?

Yes No

Do you suffer from diabetes?

Yes No. If yes, please provide details:

Do you have any thyroid disorders?

Yes No

Do you have any allergy?

Yes No

Are you taking any health supplements currently or in the past six months?

Yes No. If yes, please provide details:

Types of supplements:

Brand of supplements:

FOR FEMALE ONLY

Are you currently pregnant?

Yes No. If yes, how many mths?

Have you ever suffered from yeast/candida infection?

Yes No. If yes, when did it first occur?

How frequent?

Any medication?

FOR CHRISTIANS ONLY

Have you attended the following:

Healing & Deliverance Ministry / SOZO / Inner Healing Ministry*? (*delete accordingly) Yes No



KINDLY STATE CURRENT MEDICAL CONDITION THAT YOU ARE SEEKING HomeCLEANIK COACHING FOR

Doctor's diagnosis and name of the condition:

Date of first diagnosis: _____ How long have you suffered for this condition?

Describe details of symptoms experienced recently and previously. State the tests done, date and results:
(You may attach doctor's latest report if any)

Medication that you are currently taking: (*Please state the chemical name of the medicine)

MEDICAL HISTORY

Besides the above condition, is there any other condition that you are suffering from or have suffered before?

Name of the condition:

Date of first diagnosis: _____ How many years have you had this condition?

Are you currently under any medication? Yes No.

If yes, please provide details and state the chemical name of the medicine:

HomeCleanik Pte Ltd shall maintain the confidentiality of all records related to client's health status. We shall maintain the confidentiality of all records related to our coaching sessions. We shall protect from unauthorized disclosure all confidential records and data including but not limited to the names and other identifying information of persons receiving services pursuant to our health coaching except for statistical information not identifying any client.

In preparing our recommendation, we have assumed and relied on the accuracy and completeness of the information. This recommendation is prepared solely for you and we accept no liability whatsoever to third parties, including your dependants.

Signature of Applicant