

**Eterna M.D.**  
**Transformation Coach Consulting Sheet**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Areas of life you would like to work on or change in relation to your health, body, and mind: \_\_\_\_\_

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What are you looking to achieve by joining the team?: \_\_\_\_\_

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Goals you would like to achieve in your life: \_\_\_\_\_

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How is your mood, exercise, eating, and behaviors affected you?: \_\_\_\_\_

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Behaviors that keep you from reaching your goals?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does alignment with yourself look like?

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_