



5D Wellness & Recovery

Michael Arsenault | Certified Recovery Coach
Building Personal Resilience Coach | Reiki Levels 1 & 2

Client Welcome Packet

Welcome to 5D Wellness and Recovery. Thank you for choosing to invest in your health and well-being. My mission is to provide guidance, education, accountability, and support as you build sustainable lifestyle habits. Together we will create realistic goals and a supportive plan that fits your life.

Every coaching relationship is unique, and I'm committed to providing a respectful, judgment-free space where you can grow at your own pace. I look forward to being part of your wellness journey.

Sincerely,

Michael Arsenault
5D Wellness & Recovery

When you're finished, please email the completed packet to:
hello@5dwellnessrecovery.com



PERSONAL INFORMATION

Full Name

Date of Birth

Address

City / State / ZIP

Phone

Email

Occupation

Preferred Contact Method

EMERGENCY CONTACT

Name

Relationship

Phone

HEALTH GOALS

What are your primary wellness goals?

What motivated you to begin coaching now?



MEDICAL HISTORY

Do you have any diagnosed medical conditions?

Have you had any surgeries, hospitalizations, or major injuries?

Has a physician advised you to avoid any foods, supplements, exercises, or activities?

MEDICATIONS

List each medication, dosage, and reason for taking it.

SUPPLEMENTS

List each supplement, dosage, and frequency.

ALLERGIES & SENSITIVITIES

☐ None

☐ Food

☐ Medication

☐ Environmental

Please describe



NUTRITION

Overall nutrition habits:

☐ Excellent ☐ Good ☐ Fair ☐ Needs improvement

Do you follow a specific eating plan?

Approximate water intake per day

EXERCISE & PHYSICAL ACTIVITY

Days per week

Types of activity

Any limitations or injuries?

SLEEP

Average hours per night

Sleep quality:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Any sleep concerns?



STRESS & EMOTIONAL WELL-BEING

Rate your average stress from 1 to 10

What are your biggest sources of stress?

What healthy coping strategies do you currently use?

RECOVERY SUPPORT (OPTIONAL)

- ☐ Currently in recovery ☐ No ☐ Prefer not to answer
- ☐ 12-step meetings ☐ Recovery coaching ☐ Counseling / therapy ☐ Sponsor ☐ Other

HEALTHCARE TEAM

Primary care provider

Specialist(s), if any

Under care for an ongoing condition:

☐ Yes

☐ No

If yes, please explain

ADDITIONAL INFORMATION

Is there anything else you'd like me to know?

CLIENT ACKNOWLEDGEMENT

I certify that the information provided is accurate to the best of my knowledge.

Client Name (type full name as signature)

Date



Welcome to 5D Wellness and Recovery. Wellness coaching is a collaborative, educational, and supportive process designed to help you develop healthier habits, strengthen resilience, clarify personal goals, and create sustainable lifestyle changes. Coaching may include education, accountability, goal setting, wellness strategies, and discussion of nutrition, movement, sleep, stress management, recovery support, and other lifestyle practices based on your individual goals.

I, Michael Arsenault, am a Certified Recovery Coach, Building Personal Resilience Coach, and Reiki Levels 1 & 2 practitioner. I am not a licensed physician, psychologist, psychotherapist, registered dietitian, or other licensed healthcare provider. The coaching services provided by 5D Wellness and Recovery do not include medical diagnosis, treatment, psychotherapy, or the prescribing of medications or medical therapies, and they are not a substitute for care from qualified medical or mental-health professionals.

As the client, you agree to provide information that is accurate to the best of your knowledge and to communicate relevant changes in your health or circumstances. You remain responsible for your own decisions, actions, health, and well-being. You agree to continue working with your qualified healthcare providers as appropriate and to consult an appropriate licensed healthcare professional before making medical decisions or significant changes involving medications, supplements, diet, exercise, or treatment plans.

Coaching may provide education, encouragement, structure, and support; however, individual results vary and no specific outcome, improvement, or result is guaranteed. Your personal information will be treated respectfully and kept private except when disclosure is required by law. Participation in coaching is voluntary, and you may choose to discontinue coaching at any time.

By signing below, you acknowledge that you have read and understand the nature and limitations of wellness coaching described in this agreement, have had the opportunity to ask questions, voluntarily choose to participate, accept responsibility for your personal choices and actions, and release Michael Arsenault and 5D Wellness and Recovery from liability to the fullest extent permitted by applicable law.

CLIENT ACKNOWLEDGEMENT & SIGNATURE

I have read, understand, and agree to the terms of this Wellness Coaching Informed Consent & Client Agreement.

Client Name (type full name as signature)

Date



This page helps clarify where you are now and where you want to be.

1. Why are you seeking coaching now?

2. TOP THREE GOALS FOR THE NEXT 90 DAYS

Goal 1

Goal 2

Goal 3

3. SELF-RATINGS (OUT OF 10)

Physical Health

Energy

Nutrition

Sleep

Stress

Emotional Well-Being

Relationships

Work-Life Balance

Overall Quality of Life

4-6. REFLECTION

4. What's gotten in the way before?

5. What strengths can you lean on?

6. How will you know coaching has been successful?

COMMITMENT FOCUS

☐ Nutrition

☐ Movement

☐ Sleep

☐ Stress

☐ Recovery Support ☐ Other

Client Name

Date