



New Client Questionnaire

1. DOB, height and weight
2. Picture (For women sports bra and shorts are fine, front, sides and back. For men shorts and no shirt)
3. Typical TWO DAY SCHEDULE with meal times and what you eat (be as specific as possible)
4. food allergies or dislikes
5. Conditions and/or medications
6. Smoke or drinks how many times a week or day? How much water do you drink?
7. How many days of exercise and how long do you have to exercise? What time of day do you exercise? What you're currently doing? What's your favorite form of exercise? Any injuries or exercises you cannot do? Send a picture of equipment you have at your availability.
8. What supplements are you on and when do you take?
9. What "diets" have you tried before. Any success? What did you like or dislike about the plan? What made you stop the program?
10. What is your goal? Short term? Long term?
11. Do you have a weight goal? More of aesthetic goal? More of a performance goal? An event you're getting ready for?
12. Rate your overall stress levels?

Waiver:

I am giving my son/daughter who is _____ years old permission to enroll in an 8 week accountability nutrition coaching program. I understand that the program is intended to teach a

balanced and healthy approach to weight loss and form structure and routine. I understand that in no way does this program intend to treat or help with any condition other than to teach basic principles of diet and exercise.

Parent/Guardian signature

Date

This form contains confidential and privileged material for the sole use of the intended recipient. Any review, use, distribution, or disclosure is strictly prohibited. This program is not intended to treat or diagnose any disease or condition. Please consult your physician before starting any new nutrition or exercise program.