**INTAKE FORM**

Welcome! I would love to get to know you better to help me develop plans to help YOU achieve your fitness and health goals. If you have question(s), please leave blank and we can discuss in our first meeting 😊.

IMPORTANT: Please consult a physician prior to starting any eating or exercise program.

NAME:

AGE:

CURRENT WEIGHT:

HEIGHT:

MEASUREMENTS:

* Chest (at nipple line)
* Arms (upper right / left)
* Waist (at belly button)
* Hips (at hip bone)
* Bottom (at the widest part)
* Thighs (upper right/ left)

OCCUPATION:

**GOALS & BARRIERS**

**1. Personal Goals:** What are you hoping to accomplish working together? (check all that apply)

☐I do not have any goals at this time and/or I do not know my goals. ☐Feel better ☐Fit into old clothes ☐Achieve a specific weight target: \_\_\_\_\_\_\_\_\_\_\_ lbs ☐Improve health ☐Become more active ☐ Get more involved in my health ☐Increase confidence/body positivity ☐Increase diet/ health knowledge ☐Other (specify):

**2. BARRIERS:** Which factor(s) are keeping you from achieving your weight/health goals? (check all that apply)

☐NONE of items below apply to me ☐Diet knowledge ☐Physical limitations ☐Lack of social support ☐Hunger ☐Cravings ☐Frequent travel ☐Social events ☐Time ☐Daily schedule (eg: erratic schedule) ☐Finances ☐Eating habits of others (eg: family, coworkers) ☐”Hormonal issues” (eg: thyroid; menopause; etc) ☐Other (specify):

**EATING HABITS**

**Eating Behaviours:** Please check any of following eating behaviors that you notice yourself doing (on a regular basis). (check all that apply)

☐Late night eating ☐Binge eating ☐”grazing” (frequent snacking) ☐Infrequent eating (ie: eating only one meal a day) ☐Emotional eating ☐Other (specify):

**Eating “Triggers”:** (check/ complete all that apply)

Which of the following trigger you to eat when not hungry? ☐Family Issue ☐Work Issues ☐Stress ☐Emotions ☐Boredom ☐Other (specify):

What type of foods do you crave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food choices and/or sensitivities:** Please check any/all that apply. ☐NONE ☐Vegan ☐Lactose intolerance ☐ Vegetarian ☐Gluten intolerance ☐Allergy (specify): ☐Other (specify):

**CURRENT DIET SUMMARY**

Do you think your current diet is:

☐Well-balanced (including fruits, vegetables and protein)

☐Imbalanced with too many/much \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and not enough \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Meals per day (average): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical portion size(s) ☐small/ below average ☐medium/ average ☐large/ above average

Number of snacks per day (average) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snacking pattern ☐late night ☐ between meals ☐”grazing” (throughout day) ☐no pattern ☐other ☐I do not snack

How many times a week do you:

eat out at restaurants? \_\_\_\_\_\_\_ eat breakfast? \_\_\_\_\_\_\_

cook meals at home? \_\_\_\_\_\_\_ grocery shop? \_\_\_\_\_\_\_

Do you normally eat alone or with friends/family?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do your grocery shop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your weekly budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you read food labels? Y / N

What is your favorite meal (list up to 3)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your favorite restaurants? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What 3 foods could you never give up?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What 3 foods do you refuse to eat?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_\_\_\_

Do you drink coffee? Y/ N how much? \_\_\_\_\_\_\_\_\_

Sodas? Y N how much? \_\_\_\_\_\_\_\_\_\_\_\_

Have you tried any popular diets? Y / N

Which ones and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SLEEP & STRESS MANAGEMENT**

1. How many hours do you sleep a night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What time do you go to sleep? What time do you wake up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How do you manage stress? Please check any/all that apply. ☐NONE ☐Yoga ☐Meditation ☐ Journaling ☐Talking / affirmations ☐Exercising ☐Other (specify):
4. On a scale of 1 – 10, how would you rate your stress daily?
5. Do you consider yourself a positive/ optimistic person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXERCISE INFO**

Describe your daily activity (check the one below that most applies to you)

* SEDENTARY - Spend Most of The Day Sitting (Bank Teller, Desk Job)
* LIGHT ACTIVITY - Spend A Good Part of The Day On Your Feet (Teacher, Salesman)
* ACTIVE - Spend A Good Part of The Day Doing Physical Activity (Waitress, Mailman)
* VERY ACTIVE - Spend Most of The Day Doing Heavy Physical Activity (Messenger, Carpenter)

How many days per week do you exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How intense is your exercise session? (check the one below that most applies to you)

* LIGHT - I Can Hold A Conversation While Working Out And Do Not Break A Sweat
* MODERATE - I Am Breathing Very Hard And Challenge Myself.
* DIFFICULT -Always Break A Sweat & Have An Elevated Heart Rate. I Cannot Hold A Conversation.
* INTENSE - Don't Talk To Me, Don't Look At Me. I'm Here For A Purpose And I Might Die Today.

How many minutes per exercise session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your favorite forms of exercise? (if you have a current workout program, please share)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What exercise programs have you done in the past? Did you enjoy them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any exercises you are unable to do due to injury? (if you have a current workout program, please share)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently use any fitness / nutrition apps or tracking devices? Do you find them motivating or useful?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any days in the week where you are unable to exercise? If so, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE CLIENT RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I UNDERSTAND THAT THE COACHING I AM RECEIVING IS NOT A SUBSTITUTE FOR MEDICAL OR PSYCHOLOGICAL OR MEDICAL CARE. I understand that ( ) will provide me with professional nutritional evaluation, coaching, and support for the purpose of enhancing healthy habits. I understand that this evaluation, coaching and support is not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care. I confirm that I am in good health and have consulted a physician prior to starting or continuing an eating and/or exercise program. I understand that weight loss results are not guaranteed.

By signing below I recognize that it is my responsibility to work directly with my health care provider before, during, and after seeking nutrition and / or ﬁtness consultation. Any information provided is not to be followed without prior approval from my doctor. If I choose to use this information without such approval, I agree to accept full responsibility for my decision. This agreement is being signed voluntarily and not under duress of any kind.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_