



All of your information will remain confidential.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Email: _____ Phone: _____

What's the best way to get ahold of you? _____ Age: _____ Height: _____

Current weight: _____ Weight six months ago: _____

Would you like your weight to be different? _____

Body Fat % _____

HEALTH INFORMATION

Please list any health concerns:

What are your fitness/health goals? (Lose body fat, increase strength, decrease blood pressure, etc.)

At what point in your life did you feel the best? _____

How is your sleep? _____ How many hours per night? _____

How is your stress level? _____

Why might be adding to your stress? _____

Any pain, stiffness, or swelling? _____

NUTRITION INFORMATION

List 2-3 days' worth of typical meals you eat:

Breakfast	Lunch	Dinner	Snacks	Liquids
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allergies or sensitivities to foods? _____

The most important thing I can do to improve my health is:

Anything else you would like to share?

