

FIT LIFE QUESTIONNAIRE

Name: _____ Date: _____ Gender: Male Female

Age: _____ Height: _____ Weight: _____ Weight Goal: _____ Body Mass Index (BMI): _____

Body Fat %: _____ Lean Body Mass: _____ Daily Caloric Expenditure (DCE): _____

New Client: Yes No Last Visit: _____ Reason for Visit: _____

Phone: _____ Email: _____

Prescription Medications: _____

Vitamins/Supplements: _____

MEDICATIONS

Allergy
Allegra, Benadryl, Claritin, Flonase, Zyrtec, and Others

Antacids/Ulcer/Digestion
Pepcid, Tagamet, Zantac, Prevacid, Prilosec, Magnesium, Aluminum Antacids, & Protonix

Antibiotics
Gentomycin, Neomycin, Streptomycin, Cephalosporins, Penicillins, Tetracyclines & Gentamicin, Fluoroquinolones, Cipco, Leuaquin, Aneiox

Anti-Depressants
Adapin, Aventyl, Elavil, Pamelor, & others. Major tranquilizers (Thorazin, Mellaril, Prolixin, Serentil & Others)

Anti-Inflammatories
Corticosteroids: Prednisone, Medrol, Aristocort, Decadron, Nsaids: (Motrin, Aleve, Advil, Anaprox, Dolobid, Feldene Naprosyn, Aspirin & Salicylates

Blood Thinners / Coumadin/Warfarin
Alteplase, Danaparoid, and Others

Cardiovascular / Blood Pressure
Antihypertensives (Catapres, Aldomet), Ace Inhibitors (Capoten, Vasotec, Monopril, & Others), Beta Blockers (Inderal, Corgard, Lopressor And Others), Loop Diuretics

(Lasix, Buinex, Edecrin) Tzide Diuretics (Hctz, Enduron, Diuril, Lozol, Zaroxolyn, Hygroton and Others). Potassium sparing Diuretics

Cholesterol
Lipitor, Crestor, Zocor, and Others

Diabetic
Metformin, Sulfonylureas (Dymelor, Tolinase, Micronase/ Glynase/Diabeta)

Female Hormones/Male Hormones
Estrogen/Hormone Replacement, Oral Contraceptives, Testosterone, Bio-Identical Hormones

Sleep
Ambien, Lunesta, Rozerem, Sonata, Silenor, and Others

Thyroid
Levothroid, Levoxyl, Synthroid, Cytomel, and Others

Others:

VITAMINS & SUPPLEMENTS

Multivitamin
 Vitamin D
 Minerals
 Calcium
 Magnesium
 Antioxidants
 CoQ10

Probiotics
 Enzymes
 Essential Fats
 Protein
 CBD/Hemp

Support
 Adrenal
 Allergy
 Blood Sugar
 Bone
 Brain
 Candida

Cardio
 Detox
 Fitness
 GI
 Hormone
 Immune
 Inflammation

Joint
 Sleep
 Stress
 Thyroid
 Vision
 Weight

NUTRITION/HYDRATION

I eat the following:

- | | | | |
|--------------------|-------------------------------------|---------------------------------------|--------------------------------|
| Vegetables: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Fruits: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Grains: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Protein: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Dairy: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Sugar: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |
| Fast Food: | <input type="checkbox"/> Frequently | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never |

I eat _____ meals per day

My meals are generally:

Large Moderate Small

I drink _____ glasses of water per day.

What else do you drink daily?

Soda Alcohol Juice Tea Coffee

ACTIVITY

My exercise includes:

Running Walking Weight Lifting Cardio Stretching

I workout _____ times per week.

SLEEP

I sleep through the night:

Frequently Occasionally Never

I dream:

Frequently Occasionally Never

I sleep with electronic devices on:

Frequently Occasionally Never

ELIMINATION

How many bowel movements do you have per day?

1 2 3 More

How many times do you typically urinate?

1 2 3 4 5 6 More

EMOTIONAL WELLNESS

I use tobacco:

Frequently Occasionally Never

I use alcohol:

Frequently Occasionally Never

I use caffeine:

Frequently Occasionally Never

RECOMMENDATIONS

Eat Right: Pro Reds, Pro Lean Greens, Frontier Multivitamin

Drink Right: Eight 8 oz. glasses of spring or pure water daily

Move Right: Super Shake, Best Whey, Super Kreatine, Power Fuel

Sleep Right: Sleep Time, Melatonin, Frontier Full Spectrum Hemp Extract, Relaxation and Sleep Tincture

Eliminate Right: Frontier Fiber, Frontier Biotics II, Mag Citrate, BetaZyme or ProbZyme

Think Right: Omega 3D II, Mood Lift II, Brain Boost II, Pro Purples

Love Right: Calm Day, L-Theanine, AdrenaMax III, Adrenal Tincture, Super B Complete

GOALS

Supplements	Wake up	Breakfast	Lunch	Dinner	Bedtime	With or Without Food
1.						
2.						
3.						
4.						
5.						
Food/Water						
Activity/Exercise						
1.						
2.						
3.						
4.						

SUPPLEMENTAL/FOOD SCHEDULE

NON-MEDICAL/NON-CHEMICAL

Recommendations for: _____ Date: _____

Next Appointment: _____ With: _____

Supplemental Support	Arise	Breakfast	Between	Lunch	Between	Supper	Snack	Bedtime	Without Food
1.									
2.									
3.									
4.									
5.									
Activity/Exercise									
Stress/Relaxation									

DO NOT SKIP MEALS – Consume 2-3 meals & 2-3 snacks (1st two categories) per day

Consume Mainly: Raw fruits, Raw vegetables (or lightly steamed), Brown rice, 100% Whole grains, Ezekial bread, oatmeal, Grilled fish (wild), 8 glasses of PURE water daily (no tap or well water, chlorine or fluoride), salads, fiber, olive oil, fish and flaxseed oils

With Moderation: Clean meats (organic, wild game, no hormones or antibiotics), un-processed fruit and vegetables juices, organic eggs, raw nuts and seeds, natural nut butters

Try to Avoid: Refined and processed foods, white sugar, white flour, caffeine, canned foods, pasteurized dairy products, milk, cheese, ice cream, microwave foods, farm raised fish, pasteurized juice

Eliminate: Hydrogenated fats and oils (margarine, commercial peanut butter, fried foods, etc.), artificial sweeteners (aspartame, splenda, etc.), junk foods, fast foods, sodas, sugary drinks

Additional Notes/Recommendations: _____

Recommendations are for nutritional purposes only. They are to upgrade the quality of your diet in order to support normal physiology and biochemistry. Not intended as treatment or prescription for any disease or as a substitute for regular medical care