

Physical Activity and Nutrition Documentation Packet

Including Disclaimer, Dietary Intake Form, and 3-Day Food Journal

Physical Activity Disclaimer

Please Read Carefully

Engaging in physical activity can be beneficial for overall health, but it is important to recognize the inherent risks associated with any form of exercise or fitness program. Before beginning, modifying, or intensifying any physical activity or exercise regimen, individuals are strongly advised to consult with their physician or qualified healthcare professional, especially if they have a history of, or currently experience, the following conditions:

- Cardiovascular disease or heart conditions
- High blood pressure
- Respiratory or pulmonary illnesses
- Musculoskeletal injuries or disorders
- Diabetes or other metabolic disorders
- Chronic illness or physical limitations
- Any other concern that might affect your ability to exercise safely

By participating in any physical activity or exercise, you acknowledge and accept the risks involved, including potential injury, aggravation of existing conditions, and even possible death. It is your responsibility to exercise within your personal limits and to stop and seek medical attention if you experience any pain, dizziness, discomfort, or other unusual symptoms.

This disclaimer is not intended as a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a physician or other qualified health provider with any questions you may have regarding a medical condition.

By signing below, you confirm that you have read, understood, and agreed to the above disclaimer and that you voluntarily assume all risks related to physical activity.

Signature: _____

Date: _____

Dietary Intake Form Signature Section

Please complete the following dietary intake form to the best of your ability. Provide honest and accurate information regarding your daily food and beverage consumption. This information is essential for assessing your nutritional needs and developing personalized health recommendations.

Full Name: _____

Date of Birth: _____

Today's Date: _____

Contact Information: _____

Are you currently following a specific diet or eating pattern?

- ☐ Yes
- ☐ No

If yes, please specify: _____

Do you have any food allergies or intolerances?

- ☐ Yes
- ☐ No

If yes, please list: _____

Are you taking any dietary supplements?

- ☐ Yes
- ☐ No

If yes, please specify: _____

Additional comments or notes regarding your diet:

By signing below, you certify that the information provided above is accurate and complete to the best of your knowledge.

Signature: _____

Date: _____

3-Day Food Journal with Signature

Instructions: Please record all foods and beverages consumed for three consecutive days, including portion sizes, meal times, and preparation methods (e.g., baked, fried, raw). Be as detailed as possible to enable an accurate assessment of your dietary habits.

Day 1

Date: _____

- Breakfast: _____
- Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Lunch: _____

Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Dinner: _____

Time: _____ Portion Size: _____ Description: _____

Additional Notes: _____

Day 2

Date: _____

- Breakfast: _____

- Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Lunch: _____

Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Dinner: _____

Time: _____ Portion Size: _____ Description: _____

Additional Notes: _____

Day 3

Date: _____

- Breakfast: _____

- Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Lunch: _____

Time: _____ Portion Size: _____ Description: _____

Snack: _____

Time: _____ Portion Size: _____ Description: _____

Dinner: _____

Time: _____ Portion Size: _____ Description: _____

Additional Notes: _____

By signing below, you confirm that the information provided in this food journal accurately reflects your food and beverage consumption for the specified days.

Signature: _____

Date: _____

Please retain a copy of this packet for your records, and return the completed original to your healthcare provider, nutritionist, or wellness coach as directed.