Elite Client Intake & Lifestyle Evaluation
Confidential Wellness & Performance Assessment

Personal Information

Name:

Date of Birth:

Age:

Phone:

Email:

Address:

Occupation / Company:

Instagram Handle (optional):

Emergency Contact (Name / Relationship / Phone):

Lifestyle & Daily Schedule

- **What time do you typically wake up and go to bed?**
- **What are your typical work hours? (Include breaks or flexible times.)**
- **Do you work from home, commute, or travel often?**
- **When do you prefer to work out — morning, midday, or evening?**
- **Do you have children or dependents? If so, what are your pickup/drop-off routines?**
- **What does a typical weekday look like for you?**

- **What does a typical weekend look like for you?**

- **What does your ideal day look like?**

Nutrition & Hydration

- **Describe your typical meals and times (Breakfast, Lunch, Dinner, Snacks).**
- **Any food allergies or dietary restrictions?**
- **Do you currently track macros or calories?**
- **How much water do you drink daily?**
- **What other beverages do you regularly consume (coffee, alcohol, juices, etc.)?**

Supplements, Medications, & Health

- **Please list any medications, vitamins, or supplements you take regularly.**
- **Are you currently under a doctor's care or have any diagnosed conditions?**
- **Any injuries, surgeries, or chronic pain I should know about?**
- **Do you have any hormonal or thyroid concerns (menopause, andropause, PCOS, low testosterone, etc.)?**

Mental & Emotional Health

- **How would you describe your current stress level (1–10)?**

- **What are your main sources of stress?**
- **How do you usually cope or reset (self-care, meditation, etc.)?**
- **How would you rate your sleep quality?**
- **Have you ever struggled with disordered eating, body image, anxiety, or burnout?**

Fitness & Performance

- **Current weekly workout routine (include days, times, and types of exercise).**
- **How would you rate your energy level and motivation, why?**

- **List any area where you have had injury or consistent pain:**

- **What type of movement makes you feel your best?**
- **What has kept you from reaching your goals before?**
- **What are your short-term (90-day) and long-term (1-year) goals?**

- **What is your dream result if we achieve everything together?**

Lifestyle Habits

- **Do you smoke, drink alcohol, use recreational drugs, or take estrogen, progesterone or testosterone?**
- **How often do you travel?**
- **Do you have access to a gym, home gym, or prefer outdoor training?**

- **Any foods or ingredients you refuse to eat?**

Commitment & Preferences

- **On a scale of 1–10, how committed are you to achieving your transformation?**
- **Do you prefer a tough-love coach or a gentle accountability partner?**
- **How do you prefer to receive communication — text, email, or WhatsApp?**
- **What's your preferred one-hour workout session time window (morning / midday / evening)?**
- **Payment Method (check all that apply):**

  ☐ Cash ☐ Venmo ☐ Zelle ☐ Credit Card
  ($250 payment due upon form submission, expect 48 hours for response)

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