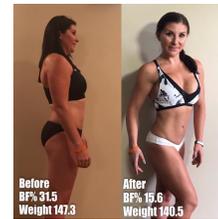


# ADONNAI

## TRANSFORMATION TRAINING



## Welcome!

Helpful tools to keep up to date and informed with us:

1. Like My Facebook Page: [www.facebook.com/Adonnai.Santos](http://www.facebook.com/Adonnai.Santos)
2. Facebook PRIVATE group - I'll add you, after you Like my page.
3. Follow us on Instagram: @TransformationColumbus
4. As a new client- Please fill out this New Client Assessment ASAP

## New Client Assessment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_ Referral of: \_\_\_\_\_

ADONNAI TRANSFORMATION TRAINING NOTES: (leave blank)

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## Lifestyle / wellness / nutrition information

(Please leave the questions with your answers)

Current weight: \_\_\_\_\_ Height: \_\_\_\_\_

Ideal weight: \_\_\_\_\_ Weight 1 month ago: \_\_\_\_\_ Weight 1 year ago: \_\_\_\_\_

Are you currently working: Y/N: \_\_\_\_\_

How many hours per week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

What physical demands does your job require? \_\_\_\_\_

### **Sleeping Habits:**

What time do you go to sleep? \_\_\_\_\_

What time do you wake up? \_\_\_\_\_

Do you sleep well? \_\_\_\_\_

Do you feel rested when you wake up in the morning? \_\_\_\_\_

### **Women:**

Are your periods regular? \_\_\_\_\_

How many days of flow? \_\_\_\_\_

How frequent? \_\_\_\_\_

Are you pregnant (or possibly?) \_\_\_\_\_

What kind of birth control do you use or did you use? \_\_\_\_\_

### **Do you have children? YES NO (circle) IF SO:**

Boy or Girl/AGE: \_\_\_\_\_ Natural Birth or Cecarian: \_\_\_\_\_ Total Weight Gain: \_\_\_\_\_

Boy or Girl/AGE: \_\_\_\_\_ Natural Birth or Cecarian: \_\_\_\_\_ Total Weight Gain: \_\_\_\_\_

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Boy or Girl/AGE: \_\_\_\_\_ Natural Birth or Cecarian: \_\_\_\_\_ Total Weight Gain: \_\_\_\_\_

Boy or Girl/AGE: \_\_\_\_\_ Natural Birth or Cecarian: \_\_\_\_\_ Total Weight Gain: \_\_\_\_\_

**Activity:**

How is your energy level? \_\_\_\_\_

What role does exercise and activity play in your life? \_\_\_\_\_

What type of exercise do you engage in? \_\_\_\_\_

How often? \_\_\_\_\_

Duration and Intensity per session? \_\_\_\_\_

If you could do any type of exercise, what would you do? \_\_\_\_\_

Do you feel pain in your chest when doing physical activity? \_\_\_\_\_

In the past month, have you experienced pain in your chest when you are not doing physical activity: \_\_\_\_\_

**In home exercise/Gym Time:**

How much time do you have per week to dedicate to working out, in home # of days, in the gym # of days. (Be realistic to start):

Home: \_\_\_\_\_ days/wk. Gym: \_\_\_\_\_ days/wk.

Do you currently exercise mostly at a gym, home, or rarely: \_\_\_\_\_

Is your focus more on weights, cardio, classes, etc? \_\_\_\_\_

What time of day do you currently workout or could work out? \_\_\_\_\_

What time of day do you do cardio or could do cardio? \_\_\_\_\_

**Overall Health/Habits:**

Do you smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Do you use caffeine? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

**Current physical/mental health challenges:**

(For each condition that applies, please give the approximate date it developed, was diagnosed, and current status  
if it doesn't apply- leave it blank)

Arthritis: \_\_\_\_\_

Asthma: \_\_\_\_\_

Bone or joint problems: \_\_\_\_\_

Bowel disorder (chron's, colitis, IBS, etc) : \_\_\_\_\_

Cancer: \_\_\_\_\_  
Candida Albicans (yeast infection): \_\_\_\_\_  
Cardiovascular disease, heart attack, other heart condition or surgery: \_\_\_\_\_  
Diabetes: \_\_\_\_\_  
Dizziness: \_\_\_\_\_  
Epilepsy or seizure disorder: \_\_\_\_\_  
Hypertension/high blood pressure: \_\_\_\_\_  
Hypoglycemia (low blood sugar): \_\_\_\_\_  
Immune system imbalance (lupus, Epstein-barr, HIV): \_\_\_\_\_  
Liver Disease (Hepatitis, Hepatitis C) : \_\_\_\_\_  
Nervous System Disease (MS, Parkinson's): \_\_\_\_\_  
Ulcers: \_\_\_\_\_  
Urinary tract disorders (kidney, bladder): \_\_\_\_\_  
Weight loss or gain: \_\_\_\_\_  
List any other health challenges:

\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

List ANY/ALL Medications you are taking and what for, or may take periodically INCLUDING over the counter medications:

Medication: \_\_\_\_\_ How Often: \_\_\_\_\_ For: \_\_\_\_\_  
Medication: \_\_\_\_\_ How Often: \_\_\_\_\_ For: \_\_\_\_\_

Do you use any alternative medicine/natural options? \_\_\_\_\_

**Supplements/Vitamins/Allergies**

Do you have any food allergies or food sensitivities? What foods? \_\_\_\_\_

What supplements do you take? \_\_\_\_\_

Supplements you have taken in the past? \_\_\_\_\_

**Foods/Cravings**

What percentage of your food is prepared at home? \_\_\_\_\_

Where do you get your other food? \_\_\_\_\_

What are your foods of choice? \_\_\_\_\_

What do you crave? \_\_\_\_\_

What kind of diet have you eaten in the last 6 months?

Do you currently experience food binges? If so, what are your trigger foods?

Do you have a history of an eating disorder (anorexia, bulimia, or compulsive over-eating)? \_\_\_\_\_

Do you have a current eating disorder? \_\_\_\_\_

Top 4-5 Drinks of choice (non-alcohol): \_\_\_\_\_

What sweeteners do you use? (For coffee oatmeal, etc. such as splenda, sugar, truvia, stevia) \_\_\_\_\_

**What foods can you NOT stand:**

-Please see complete "FOOD LIST" below and list, these foods may be used on your meal plan if not listed here. Please put these foods you will not eat here.

_____	_____	_____	SENSITIVITY: _____
_____	_____	_____	ALLERGY: _____
_____	_____	_____	ALLERGY: _____
_____	_____	_____	ALLERGY: _____
_____	_____	_____	_____

What else would you like to share?

\_\_\_\_\_  
\_\_\_\_\_



## LEVEL TO START AT:

Now to the next phase! YOUR NEW BEGINNING! Your almost done!

Below is to understand where you are mentally as far as motivation but as well as what is obtainable for you right now as well. Keep in mind if it is too hard, the progress will be just as slow. So if you start where you belong, it should get you there appropriately.

Option 1: I need an easy adjustment/start to things

- More varieties as similar as possible to my habits/ways throughout the day
- A little easier to prepare, More on the go foods/easier to accommodate out to eat
- Lose weight (or gain muscle in) smaller amounts to begin.
- 6 small meals a day (included snacks)
- Things to help substitute your current cravings to slowly mold yourself into a new lifestyle.

Option 2: Almost there! Fairly Familiar with what Clean Eating is...

- Less similar than my current eating style/habits than option 1 would give me.
- A little more prep time needed sometimes (stricter grocery list/brand)
- Geared for a medium grade clean eating style with obedience needed.
- Get to your goal a little quicker
- Detox naturally a little quicker, feel even more energized.
- 6 small meals a day (included snacks)

Option 3: I AM READY to focus!

- Stricter meals, detailed brands, etc. (This does make shopping easy though)
- 6 small meals a day (included snacks)
- Get to your goal the fastest. Maybe not immediately, but faster by cutting to the chase.
- Detox naturally, healing your body at the cellular level the quickest.
- Harder to adjust at first for some. Great for those that need a challenge as well.
- You might need additional prep time, but not always the case. This is with any option.

The great thing is, we can always adjust and take a step forward or back on your next plan. REMEMBER: Option 3 WILL NOT be the fastest way if it isn't obtainable. Please understand that the appropriate starting point will in fact be the best/quickest way to your goal. Please try to be completely honest with yourself when choosing above. Please note, we do still push you to new levels so be prepared mentally for this as well.

YOUR OPTION CHOICE: \_\_\_\_\_

Once Completed- please attached the following in an email (or type it out)

- 1.) Completed Assessment (Including the FOOD LOGS BELOW)
- 2.) Current photo (Front, side, back) all 3 would be great. Best option of attire would be in a bikini, shorts and sports bra (best for us to see true body composition etc), or tight fitting clothing is ok too (last option). Men please wear shorts.
- 3.) Picture of a goal you have in mind if you desire.
- 4.) By completing the assessment you understand that our nutritional plans are copyrighted and belong to TheFITBODYrx and are not to be shared, copied, manipulated and distributed, etc. Please initial: \_\_\_\_\_
- 5.) Completed Food Logs. See below on the next page.

## FOOD LOGS:

\*\*Very important: Do not change your daily foods right now, give us what you really eat, portion size and so on as best to your knowledge. This way we determine where to take you in the beginning based on the level you will be starting at.

3 DAYS OF: ANY AND ALL INTAKE (WHAT, WHERE FROM (IF OUT TO EAT) APPROX SERVING SIZE), EVEN IF IT IS 2 CHIPS YOU TOSS IN YOUR MOUTH ON THE WAY OUT THE DOOR. You can also fill out the food log I sent in your assessment email as well and take a photo or scan and send via email/fax along with this.

### DAY ONE:

TIME \_\_\_\_\_ CONSUMED: \_\_\_\_\_

LIQUIDS: : \_\_\_\_\_

### DAY TWO:

TIME \_\_\_\_\_ CONSUMED: \_\_\_\_\_

LIQUIDS: : \_\_\_\_\_

**DAY THREE:**

TIME \_\_\_\_\_ CONSUMED: \_\_\_\_\_

LIQUIDS: : \_\_\_\_\_

## COMPLETE FOOD LIST

(Below is a list of common foods we use/incorporate into our meal plans. It is important to know if you CAN NOT stand them and have tried them again in the last 12 months. If you are not sure, do not add them to your list above on PAGE 4 )

<p><b>Vegetables</b></p> <ul style="list-style-type: none"> <li>• Asparagus</li> <li>• Avocados</li> <li>• Beets</li> <li>• Bell peppers (Red, Green, Yellow, Orange)</li> <li>• Broccoli</li> <li>• Brussels sprouts</li> <li>• Cabbage</li> <li>• Carrots</li> <li>• Cauliflower</li> <li>• Celery</li> <li>• Collard greens</li> <li>• Cucumbers</li> <li>• Eggplant</li> <li>• Fennel</li> <li>• Garlic</li> <li>• Green beans</li> <li>• Green peas</li> <li>• Kale</li> <li>• Leeks</li> <li>• Mushrooms</li> <li>• Mushrooms, shiitake</li> <li>• Mustard greens</li> <li>• Olives</li> <li>• Onions</li> <li>• Potatoes</li> <li>• Peas</li> <li>• Romaine lettuce</li> <li>• Sea vegetables</li> <li>• Spinach</li> <li>• Squash, summer</li> <li>• Squash, winter</li> <li>• Sweet potatoes</li> <li>• Swiss chard</li> <li>• Tomatoes</li> <li>• Turnip greens</li> <li>• Yams</li> <li>• Sour Kraut</li> </ul>	<p><b>Fruits</b></p> <ul style="list-style-type: none"> <li>• Apples</li> <li>• Apricots</li> <li>• Bananas</li> <li>• Blueberries</li> <li>• Cantaloupe</li> <li>• Cranberries</li> <li>• Figs</li> <li>• Grapefruit</li> <li>• Grapes</li> <li>• Kiwifruit</li> <li>• Lemon/Limes</li> <li>• Oranges</li> <li>• Papaya</li> <li>• Pears</li> <li>• Pineapple</li> <li>• Plums</li> <li>• Prunes</li> <li>• Raisins</li> <li>• Raspberries</li> <li>• Strawberries</li> <li>• Watermelon</li> </ul> <p><b>Nuts, Seeds &amp; Oils</b></p> <ul style="list-style-type: none"> <li>• Almonds</li> <li>• Cashews</li> <li>• Flaxseeds</li> <li>• Olive oil, extra virgin</li> <li>• Coconut Oil</li> <li>• Peanuts</li> <li>• Pumpkin seeds</li> <li>• Sesame seeds</li> <li>• Sunflower seeds</li> <li>• Walnuts</li> <li>• Pecans</li> <li>•</li> </ul> <p><b>Eggs &amp; Dairy</b></p> <ul style="list-style-type: none"> <li>• Cheese</li> <li>• Cottage Cheese</li> <li>• Eggs</li> <li>• Milk, 2%, cow's</li> <li>• Milk, goat</li> <li>• Yogurt</li> <li>• Greek Yogurt</li> <li>• (Non Dairy) Almond Milk</li> </ul>	<p><b>Beans &amp; Legumes</b></p> <ul style="list-style-type: none"> <li>• Black beans</li> <li>• Dried peas</li> <li>• Edamame</li> <li>• Garbanzo beans (chickpeas)</li> <li>• Hummus</li> <li>• Kidney beans</li> <li>• Lentils</li> <li>• Lima beans</li> <li>• Miso</li> <li>• Navy beans</li> <li>• Pinto beans</li> </ul> <p><b>Poultry, Lean Meats, Other Meats</b></p> <ul style="list-style-type: none"> <li>• Beef, lean organic</li> <li>• Chicken</li> <li>• Lamb</li> <li>• Turkey</li> <li>• Bison</li> <li>• Flank Steak/Filet Mignon</li> </ul> <p><b>Grains</b></p> <ul style="list-style-type: none"> <li>• Barley</li> <li>• Brown rice</li> <li>• Buckwheat</li> <li>• Corn</li> <li>• Millet</li> <li>• Oats-Oatmeal</li> <li>• Rice Cereal</li> <li>• Quinoa</li> <li>• Rye</li> <li>• Spelt</li> <li>• Whole wheat</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Green tea</li> </ul>
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