

Nutrition

Be Empowered to Go After the Life You Want

**Note: This information is confidential.**

### Demographic Information:

|  |  |
| --- | --- |
| Name: | Date: |
| Date of Birth: |  |
| Age: |  |
| Height: | Weight: |
| Home/Mobile Phone: | Is it ok to text a message for you at this number? Y / N |
| Email: | Is it ok to email you? Y / N |
| Mailing Address: |  |
| I am on Instagram: Y/N | Instagram Name: |
| I am on Facebook: Y/N | Facebook Name: |
| Current Employer: | Position Title: |
| Current Occupational Status: (i.e., F/T, P/T, self-employed, student, returning to work): |  |
|  |  |
| Emergency Contact Name: | Emergency Contact Phone: |
| ER Contact Relationship: | If online, which website? |
| How were you referred? |  |
| **Which of the below goals are important to you?**  **(Check those that apply).** | |
| Fat Loss: | Decrease Stress |
| Lean Muscle Gain: | Time Management |
| How to Eat Out | Increase Energy |
| Understand Nutrition, how to eat | Improve overall health / longevity |
| Learn how to choose healthier foods | Learn to Track Nutrition |
| Understand Macronutrients | Meal Prep |
| **What Medical concerns might be important to discuss before working together?** | |
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| **What supplements or medications are part of your nutritional regimen?** | |
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| **Describe your day to day lifestyle.** | |
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| **What concerns (if any) do you have with eating disorders?** | |
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| **Complete a basic diet recall for a normal day** | |
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| **Choose a number between 1-10 where you feel you will excel most. 1 being a very flexible approach to your nutritional coaching and 10 being a very strict meal plan.** | |
| 1 2 3 4 5 6 7 8 9 10 | |
| Explain your choice please: | |
|  | |
|  | |
| **What food allergies/dislikes should I be aware of?** | |
|  | |
| **What are your eating habits pre and post workout?** | |
| **What has worked well for your nutrition in the past?**  **What are your expectations for the amount of effort this will take on your part to reach your goals?**  **Are you open to tracking your nutrition?** |

**What actions (if any) have you taken on your own to reach the above mentioned goals?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What do you feel you need/expect from me as a nutrition coach on a weekly/monthly basis to reach your goals?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The below questions are completely optional, please do not feel any pressure to say yes or make a decision about them as you are filling out this form.**

**Are you open to an intern/assistant sitting in on sessions for learning/teaching purposes?**

**Are you open to an audio or video recording of our sessions for learning/teaching purposes?**