

Nutrition

Be Empowered to Go After the Life You Want

**Note: This information is confidential.**

### Demographic Information:

|  |  |
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| 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?** |
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| **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?**