



**HealthyMind**  
NUTRITION  
HEALTHY MIND, HEALTHY BODY, HEALTHY SPIRIT

## CLIENT PROFILE QUESTIONNAIRE

Please complete intake form PRIOR to appointment. Complete form and send to [HMNCOACH@GMAIL.COM](mailto:HMNCOACH@GMAIL.COM)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CELL NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY, CALL: \_\_\_\_\_

### GENERAL HEALTH QUESTIONS

#### Personal Profile Information

Gender:  Male  Female      Height: \_\_\_\_\_ / \_\_\_\_\_      Birth date: \_\_\_\_\_  
Weight NOW: \_\_\_\_\_      Goal Weight: \_\_\_\_\_

#### SESSION GOAL:

Explain in detail one goal you'd like to set for our session and WHY: \_\_\_\_\_

---

---

---

---

---

---

#### Weekly Exercise Information

Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

---

---

---

#### Lifestyle / Professional Activity

How would you rate the activity level of your profession, or what you do during the day (non-exercise related).

Sedentary     Moderately Active     Active     Very Active

#### Stress

What are your most common stressors: \_\_\_\_\_

---

Do you have any self-care practices to de-stress? If so, please list. \_\_\_\_\_

---

**Body Type**

Which of the following statements best describes you?

- I can eat practically anything I want and I don't gain weight. I find it very hard to gain weight.
- I can lose or gain weight by adjusting my activity level and eating habits.
- I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

**Health & Medical Conditions**

Check any that apply or describe any other(s).

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> heart disease      | <input type="checkbox"/> anemia         | <input type="checkbox"/> hypoglycemia |
| <input type="checkbox"/> liver disease      | <input type="checkbox"/> kidney disease | <input type="checkbox"/> diabetes     |
| <input type="checkbox"/> pancreatic disease | <input type="checkbox"/> lactation      | <input type="checkbox"/> hypertension |
| <input type="checkbox"/> other _____        |   |                                       |

Any other health concerns: \_\_\_\_\_

---

Please explain any depression, anxiety, mental illness, attachment styles, addictions, etc: \_\_\_\_\_

---

---

---

Please list all current medications and supplements: \_\_\_\_\_

---

**Please list below your most common foods. Be sure to include snacks and beverages, including water. Be honest.**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Beverages: \_\_\_\_\_

**Other**

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

What time do you normally go to bed at night? \_\_\_\_\_

If you smoke, how many per day? \_\_\_\_\_

If you smoke, how many years have you smoked? \_\_\_\_\_

If you drink alcoholic beverages, what and how many per day? \_\_\_\_\_

What do you feel is your best accountability gauge for your desired progress: \_\_\_\_\_

Have you ever been placed on any type of nutritional or exercise program in the past?  Yes  No

If yes, by whom and what did it consist of? Please explain. \_\_\_\_\_

What were your results? \_\_\_\_\_

List specifics injuries you have, have had, surgeries or aches/pains you have: \_\_\_\_\_

Do you stretch daily? Y N How long, type? \_\_\_\_\_

Is there anything you'd like to add? Please explain. \_\_\_\_\_

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

I, \_\_\_\_\_, AGREE TO ALLOW HEALTHYMINDNUTRITION TO DESIGN A PROGRAM FOR ME TO ENHANCE MY HEALTH, WELLNESS AND/OR FITNESS GOALS. I WILL FOLLOW THAT PROGRAM TO THE BEST OF MY ABILITY AND I WILL NOT HOLD HEALTHYMINDNUTRITION OR ANY ONE RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EXERCISE, EATING HABITS OR LIFESTYLE. THE GIVEN PROTOCOLS DO NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE DOCTOR. I HAVE GIVEN HEALTHYMINDNUTRITION ALL NECESSARY INFORMATION ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU. I AM GRATEFUL TO BE OF SERVICE.