

NEW CLIENT INFORMATION

Name: _____

Home Address: _____

Birthdate: _____

Phone: _____

Email: _____

What is your reason for visit/goals?

Age: _____ Height: _____ Weight: _____ Weight Goal: _____

How frequently do you exercise (include type and duration)?

Pertinent Health / Medical History

Medications / Supplements

Food Allergies or Intolerances

Any strong food likes / cravings?

Any food aversions / dislikes?