



CLIENT INFORMATION FORM – CUSTOM MEAL PLAN

Name

Date

Address

Primary Phone #

Email

Secondary Phone #

Personal Physician

How did you find me?

Date of Birth

Age

Age you feel

Weight?

**Body fat %
(estimate)**

Occupation

Height?

Fitness Status

What are your fitness goals?

(Weight-loss, muscle-growth, toning, sports conditioning, lower blood pressure etc.)

When do you want to achieve this by?

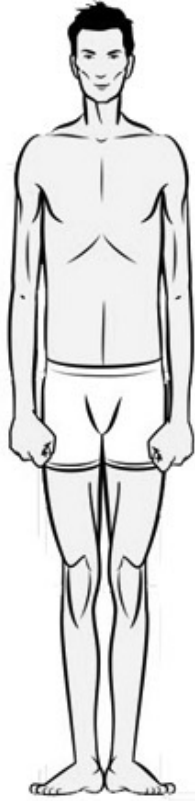
Goal weight?

Physique Goal? (attach a picture of a body you would like to have if you like)

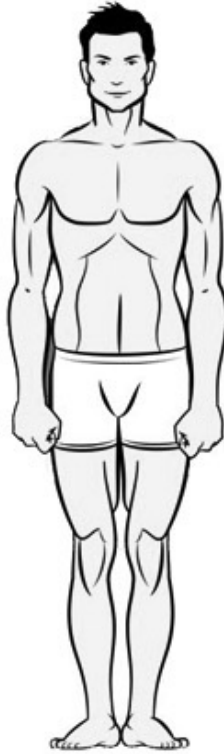
What are some of your problem areas?

Where do you store the most body-fat? (Legs, hips, arms, belly, back etc.)

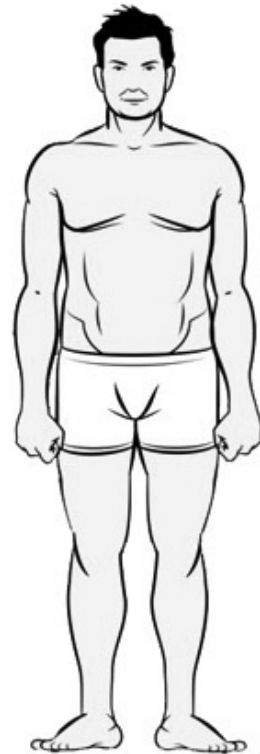
Which body type are you the most like? (use image for reference)



Ectomorph



Mesomorph



Endomorph

How many hours of physical activity do you perform excluding the gym/cardio?

What are some exercises you would prefer for cardio?

Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list

Have you ever been diagnosed or treated for any chronic disease including asthma? YES / NO

IF YES please list

Are you currently taking any medications? YES / NO

IF YES please list

Has a physician ever restricted you from performing physical activity? YES / NO

IF YES please list _____

Health Related Behavior

Do you smoke? YES / NO *IF YES how much?* _____

Do you drink alcohol? YES/NO *IF YES how much?* _____

How many times on average do you eat fast food per week?

Never 1 2 3 4 5 6 7 8 9 10 or more

How many hours of sleep do you normally get per night?

Never 1 2 3 4 5 6 7 8 9 10 or more

What time do you go to sleep? _____

What time do you wake-up? _____

What time do you - Weight train? _____ Cardio? _____

How many days per week are you able to work-out? _____

Psychological

I am serious about my goals?

Not 1 2 3 4 5 6 7 8 9 10 Extremely
Very

How would you describe your support from family/friends etc?

Fitness Information

What type of duties do you perform at work?

NUTRITION STATUS

Are there any foods that you cannot consume due to personal or religious reasoning?

Are there any foods that you are allergic to? YES / NO

What are some foods you prefer to eat?

What are some foods you prefer NOT to eat?

Nutrition Habits

Please write all the foods you currently consume on a daily basis and the time you consume it. (Please be honest), also please list any supplements you are currently taking, such as probiotics, enzymes magnesium, etc...

Please submit this form along with three images of yourself wearing a bikini or underwear/bra (front, profile, back). This can be best achieved by putting your phone in camera mode and recording yourself turning in front of the camera. You can then take screen-shots of your recording. Ensure bright/ideally natural lighting and the entire length of your body – head to toe – is visible. All images are handled with confidentiality and will never be shared with others or on my social without your explicit permission.

I'm excited to get you started on achieving your health/fitness goals with me!

Sabine