**Client consultation form**

**DISCLAIMER**

Please recognize the fact that it is your responsibility to work

directly with your physician before, during, and after seeking

fitness consultation. As such, any information provided is not to

be followed without the prior approval of your physician. If you

choose to use this information without the prior consent of your

physician, you are agreeing to accept full responsibility for your

decision.

**PART 1: BASIC INFORMATION**

**NAME:**

**GENDER:**

**HEIGHT**

**AGE:**

**WEIGHT**

**DOB:**

**BODYFAT % (estimate if calipers or**

**ultrasound not used)**

**METHOD OF BF TESTING USED:**

**PHONE NUMBER:**

**EMAIL:**

**PLEASE INDICATE IF YOU ARE ANY OF THE FOLLOWING. IF NOT, SKIP THIS**

**SECTION**

Competitor, figure/fitness/bikini/physique

Strongman Athlete

Powerlifter

CrossFit Athlete

Endurance Athlete (marathon, cycling, swimming, etc)

Other (please provide details)

**ARE YOU TRAINING FOR A SPECIFIC EVENT?**

**EVENT TYPE: EVENT DATE:**

**PART 2: GOALS/EXPECTATIONS**

Please rank the following goals with 1 being most important. If

it doesn’t apply simply type N/A

**GOAL RANKING**

**Improved Health**

**Improved Endurance**

**Body fat Loss**

**Muscle Gain**

**Increased Strength**

**Sport Specific**

**Mass Gain/Weight Gain**

**Do you have a specific timeline for achieving your goals?**

**PART 3: EXERCISE & PHYSICAL ACTIVITY**

**Are you currently exercising regularly (at least 3x per week)**

1. Yes

2. No

If you answered YES, continue on to the following section.

If you answered NO, skip ahead to the section marked “Not currently exercising”.

**CURRENTLY EXERCISING**

*Please complete this portion if you are CURRENTLY*

*exercising/training*

**What time of day do you typically train? Or does it vary?**

**How long have you consistently been training without a break**

**How often (times per week) do you engage in strength training with weights?**

**Have you adhered to a structured workout plan in the past?**

**Do you currently adhere to a workout program or structure?**

**Please fill in your approximate workout duration for each day (in minutes).**

**MONDAY \_\_\_\_**

**TUESDAY \_\_\_\_**

**WEDNESDAY \_\_\_\_**

**THURSDAY \_\_\_\_\_**

**FRIDAY \_\_\_\_\_**

**SATURDAY \_\_\_\_**

**SUNDAY\_\_\_\_\_**

**Have you ever worked with a personal trainer before?**

1. If so, was it successful?

If not, please describe in detail why

**How many times per week can you COMFORTABLY commit to working out?**

**For how long PER session can you work out?**

**Are you able to train multiple times a day (i.e. morning and evening)?**

**What are your goals per your fitness/physique/health? What would you like to achieve**

**Do you feel you are accountable when it comes to your workouts/training or do you feel**

**you lack motivation in adhering to your workout schedule?**

**Do you frequently skip workouts?**

**If so, why?**

**PART 4: LIFESTYLE**

**What do you do for a living?**

**Please indicate the activity level at your job:**

1. Light

2. Moderate

3. Heavy

4. Completely sedentary

**Does your job involve shift work?**

**Are your hours at work set/scheduled?**

**Are you a primary caregiver for children, individuals with a disability, or an elder relative?**

**How often do you travel?**

1. Daily

2. Weekly

3. Monthly

4. Rarely

**How often do you eat out?**

1. Daily

2. Weekly

3. Monthly

4. Rarely

**If so, what restaurants or types of food do you typically consume?**

**Do you have time to prepare and cook food for yourself?**

**Are you able to carry food with you to and from work and throughout the day?**

**Average hours of sleep per night:**

**Time of day you get up:**

**Time of day you go to bed:**

**Please list any other lifestyle information which you feel may be pertinent:**

**PART 5: Emotional Consultation**

**Time of day you feel most likely to over-eat or indulge (please indicate one):**

1. Morning

2. Midday

3. Evening

4. Night-time

**Do social settings seem to pressure you into eating more then you normally would?**

1. Yes

2. No

**Do you tend to eat as a result of emotions?**

1. Yes

2. No

**If yes, please indicate which emotions apply:**

1. Happy

2. Content

3. Sad

4. Stressed

5. Confused

6. Angry

**Do you crave certain foods when hungry?**

1. Yes

2. No

**If yes please indicate which food types apply:**

1. Salty

2. Sweet/Sugared

3. Crunchy

4. Sour

5. Fatty

6. Greasy

7. Creamy

**Do you certain emotions bring about these cravings?**

1. Yes

2. No

**If yes, please indicate which emotions spark these cravings:**

1. Happy

2. Content

3. Sad

4. Stressed

5. Confused

6. Angry

**What causes you to derail from your nutritional progress, either currently or in the past?**

**When you do veer off course from your nutritional structure are you prone to binging,**

**purging, or utilizing methods of starvation or caloric cutting in any way shape or form?**

**Please be honest.**

**When you have a craving or want to eat something less then optimal, does having a small**

**amount of that food HELP the craving or does it perpetuate a binge? (In other words, can**

**you be moderate with food portions or do you do better completely abstaining from eating**

**any non-healthy foods?)**

**How important is food relative to your enjoyment of life experiences? I.E being social,**

**engaging in gatherings with friends, travel, etc? For example- would not eating specific**

**foods at a family gathering or out to eat with friends cause you to enjoy that experience**

**less?**

**PART 6: Nutritional Consultation**

**Do you follow any specific dietary plan?**

**If yes, which of the following most accurately describes your current diet:**

1. Paleo

2. Primal

3. Vegan

4. Vegetarian

5. High Carb

6. Low Carb

7. Moderate Carb

8. Zone

9. South Beach/Mediterranean

10. Other (if other please specify)

**Have you ever followed a specific diet before?**

1. Yes

2. No

**If yes, please explain.**

**Was it successful?**

1. Yes

2. No

**Why or why not?**

**Identify all foods or “tastes” that you particularly like or are partial to:**

**Identify 3 or more specific foods in each category that you particularly like or are partial**

**to:**

1. Protein Sources:

2. Carbohydrate Sources:

3. Fruits & Veggies you like:

4. Healthy fats:

**Are there certain foods that you will not eat or do not care for? (please list ALL foods you**

**do not like)**

**Do you drink alcohol? If yes, how often?**

**Do you currently utilize any pre or post workout nutrition?**

**Do you eat at regular times throughout the day?**

1. Yes

2. No

**If so, how many meals?**

1. 6+

2. 4-5

3. 3

4. 2

5. Less than 2

**Typically what times ?**

**Do you have time to cook and prepare meals for yourself?**

1. Yes

2. No

If no, why?

If no, are you willing to make the time to food prep?

**Do you use convenience foods daily?**

1. Yes

2. No

**Please provide samples of daily convenience items:**

**What do you feel you do well when it comes to nutritional habits?**

**What do you feel needs to be changed about your nutritional habits?**