

CLIENT INFORMATION:

Name: _____ Date: _____

Date of Birth: _____ Height: ____ (feet) ____ (inches) Current Body Weight: _____
Desired Body Weight: _____ Lowest Body Weight: _____ Highest Body Weight: _____

Extra-Curricular Activities / Sports: _____

Physician/Nutrition: _____ Phone: _____

NUTRITION AND FITNESS GOALS: What are your nutrition and fitness goals?

1. _____
2. _____
3. _____
4. _____
5. _____

What have you tried in the past to achieve your nutrition and fitness goals?

This includes any diet or exercise program, supplement use, books, etc...

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICAL HISTORY AND MEDICATIONS: Please list any relevant past medical history and current medications: I.e. food allergies/intolerances, high cholesterol, diabetes, heart disease, ADHD, hypo/hyperthyroidism, recent surgeries, bowel disease, depression, eating disorders, recent athletic injuries, anemia, etc...

Have you ever been diagnosed with an eating disorder? Yes or No

Do you have any food sensitivities, allergies or illnesses? If so, what?

Are there any foods that you prefer to avoid? Yes or No If yes, please list below:

Are you: Vegan? Vegetarian?

On average, how many days a week do you consume desserts? 0 1 2 3 4 5 6 7

On average, how many meals per day do you eat? 0 1 2 3 4 5 6 7

On average, how many caffeinated beverages do you consume per day? 0 1 2 3 4 5 6 7 8 9 10 11 12+

What types of caffeinated beverages do you consume? I.e. energy drinks, coffee, tea, soda, etc.

Do you smoke (tobacco products)? Yes or No If yes, how many cigarettes per day? 0 1 2 3 4 5 6 7 8 9 10 11 12+

On average, about how many hours do you sleep: Weeknights _____ Weekends _____

Are you stressed? Yes or No If yes, how stressed are you?

Please circle 1 2 3 4 5

How do you manage your stress?

What are your favorite cuisines?

EXERCISE:

Are you currently on an exercise program? Yes or No If so, what specifically are you doing each day?

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Are you currently working with a Trainer or Coach? Yes or No If yes, who and when? Would you like your trainer or coach to work with Chef Ariel on your healthy eating goals?

Do you or Have you ever played a sport? Yes or No If yes, which sport(s), when, and how long?

NUTRITION LOG:

What did you eat and drink yesterday?

Please include portion sizes and brands if it is possible. I.e. 1 cup of Tropicana orange juice, 6 ounces Non Fat Dannon Yogurt, etc...

Breakfast: Time: _____ Item(s):

Morning Snack: Time: _____ Item(s):

Lunch: Time: _____ Item(s):

Afternoon Snack: Time: _____ Item(s):

Dinner: Time: _____ Item(s):

Snack/Dessert: Time: _____ Item(s):

Exercise: _____
