FITBODYSTUDIO

Nutrition Health Assessment

Name: _____ D.O.B. _____ Age: _____ Today's Date: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? _____

What is your current weight? _____ What is your current height? _____

What are your current exercise habits?

_____ How often per week? _____

What are your reasons for seeking nutritional coaching?

What are your nutrition and/or fitness goals?

Please list any other health conditions/symptoms you are currently experiencing:

Are you following any special diet? If so, please list type of diet and who recommended it and why?

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Nutrition Health Assessment

Which foods do you tend to crave?

_____

_____

Do you have any known food allergies?

_____

How many times/week do you eat at a restaurant? Please list the food you select:

_____

What type of foods do you enjoy and your favorite meal?

_____

_____

Realistically, how much time would you like to spend on meal preparations?

_____

Any special food considerations? Likes/dislikes?

_____

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Nutrition Health Assessment

Please list any supplements and medication you are taking? And, reason for taking them.

_____

_____

_____

_____

Do you commonly experience any of the following concerns:

- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea/Vomiting
- ☐ Indigestion
- ☐ Gas/Bloating
- ☐ Weight Loss/Gain
- ☐ Low Energy/Tired
- ☐ Heartburn
- ☐ Post-nasal drip
- ☐ Acne
- ☐ Chemical Sensitivity
- ☐ Asthma
- ☐ UTI's
- ☐ Skin rashes/irritations
- ☐ Recent or reoccurring infections
- ☐ Unexplained fatigue
- ☐ Brittle/weak nails
- ☐ Excess Stress
- ☐ Thrush
- ☐ Yeast infection
- ☐ Fungal skin infection
- ☐ Headaches
- ☐ Sugar cravings
- ☐ Infertility
- ☐ Allergies
- ☐ Arthritis
- ☐ Anemia
- ☐ Hypoglycemia
- ☐ Thyroid Dysfunction
- ☐ Osteoporosis
- ☐ Kidney Disease
- ☐ Eating Disorder
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Cancer

Please explain any of the check marked concerns:

_____

_____

I certify that all the information I have provided above is accurate and complete to the best of my knowledge as of the date of my signature. I agree to accept personal responsibility of my failure to disclose any past or current existing conditions.

Signature: _____ Date: _____