



New Client Consultation Form

1. Tell me about your goals...

2. Why are your goals important to you?

3. Do you have any joint or spine issues or discomfort?

4. Have you had any injuries?

5. What type of exercise are you doing currently?

a. Cardio ---

b. Strength ----

c. Flexibility --

6. How long have you been working on this problem? Gain this weight? Etc.?

7. How have you tried to address this problem? Get this weight off in the past? And how many times have you tired? 8. Why do you think you have not succeeded in the past?

9. How committed are you to achieving your goals right now on the scale from 1-10?

10. Tell me a little about your nutrition habits—

Breakfast:

Mid-morning snack:

Lunch:

Mid-afternoon Snack:

Dinner:

Caffeine:

11. What are your energy levels during the day?

12. How many times were you sick last year?

13. Are you taking any medication or supplements right now? If so, which ones