

New Client Screener

BASIC INFORMATION

Name *

Date of Birth*

Gender

- Male
- Female
- Other

Phone*

Email Address *

Anthropometrics

Current Height (in.)*

Current Weight*

Usual Weight

Desirable Weight

Have you experienced recent*

Please select one

- weight gain
- weight loss
- none

If yes, please explain

Do you have problems with diarrhea, constipation, heartburn, nausea or vomiting?

Please select one

- Yes
- No

Do you have any food allergies or intolerances?

Please select one

- Yes
- No

If yes, please explain

List all regularly taken medications, vitamins, supplements (include protein powders, teas, shakes, etc.):

List any medical issues you would like me to be aware of (i.e. high blood pressure, cholesterol, IBS, etc):

Please list any psychological issues diagnosis (i.e. depression, anxiety, type of eating disorder):

Describe your current physical activity routine:

What are your nutrition questions or concerns?

What do you hope to take away from working with me?