

RESULTS.

PROFESSIONAL FOOD COACHING LLC

Name

Referral

How did you find us?

Date

E-mail Address

Phone Number

Address

Height

Date of Birth

Age

Weight

What scale was used?

Ideal Weight

% Body Fat

Ideal % Body Fat

Weight Loss History

Start with high school and list possible reasons for weight fluctuation.

Exercise

What does a typical week look like?
Are you training for anything?

Medical History

Have you ever had abnormal lab results? Any chronic conditions? Do you get regular check-ups?

Medications

List frequency and reason for use.

Family Medical History

Disordered Eating

Do you have any history of abnormal eating behaviors? Under eating? Overeating?

Smoker

Have you ever smoked regularly?
How much? For how long?

Supplements

What vitamins, minerals, protein powders, etc. do you take? List frequency and reason for use.



Food Allergies

Stress

Rank on 0-10 scale and list major causes of stress.

Sleep

How many hours do you sleep on average? Quality?

Digestion

Do you have at least one bowel movement a day? Any regular diarrhea, constipation or stomach aches? Any acid reflux?

Household

Is there anyone you eat with regularly? Do they eat well? Will they support your efforts?

Employment

Are you mostly active or sedentary? How many hours do you work per week? Do you like your job?

Cooking Skills

Are you inept, proficient or advanced? Do you enjoy it?



Goals & Motivators

Short-Term Goals

What do you want to achieve in 16 weeks?

Long-Term Goals

Things That Motivate You

Why are you considering committing to changing your behaviors?

Nutrition Knowledge

Are you inept, proficient or advanced?
Do you have a science background or previous nutrition education?

Interests

What are you interested in learning more about in regards to nutrition?

Do You Have Any Questions?



Food & Beverage Intake

Drinks

water, soda, tea, coffee, sports drinks, energy drinks, milk, juice, alcohol, etc. (Please list approximate quantity per day or per week.)

Food

Please include as many details as possible: approximate times, quantities, brands, etc. It may be relevant to include a work day and a non-work day and/or a healthier day and a less healthy day.

Food Preferences

Are there any foods you hate? Is it due to flavor, texture, temperature, color, fear, etc.? Think through different food categories: fruits, vegetables, meat, fish, beans, starches, nuts, seeds, dairy, etc.

Biggest Food Challenges and Areas For Improvement

