

# Initial Assessment Form

## Hello

Please fill out and submit this form to me at least 24 hours prior to our initial chat. Be sure to include a log of your daily meals beginning 5 days before we meet. Talk Soon!

## Anthropometrics

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Activity \_\_\_\_\_

Medical/Surgical History \_\_\_\_\_

Allergies (food and non food; including intolerances) \_\_\_\_\_

Supplements \_\_\_\_\_

Medications \_\_\_\_\_

Alcohol Intake \_\_\_\_\_

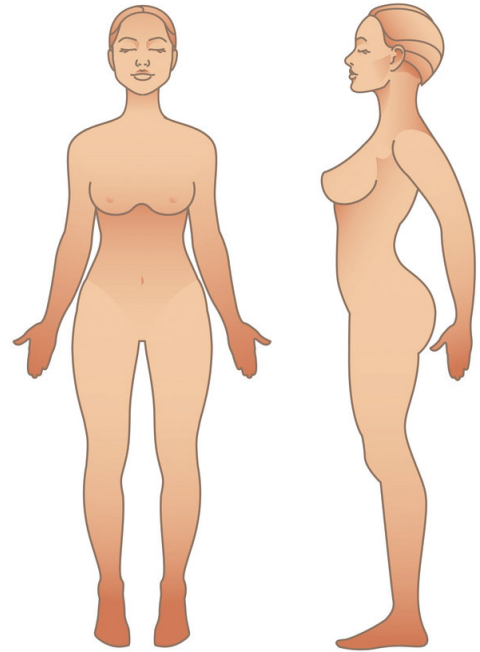
Smoker \_\_\_\_\_

Caffeine Consumption \_\_\_\_\_

Water Intake \_\_\_\_\_

Photos:  
1 from the front  
1 from the side  
1 from the back (same as the front)

### Examples:



Briefly discuss your past nutrition and eating history:

List any non-negotiable food items that you must have:

Do you currently use my fitness pal or log your food intake per day?



**Number the following from 1-5 with 1 being the lowest and 5 being the highest.**

Energy Level \_\_\_\_\_ Stress Level \_\_\_\_\_ Hunger Level \_\_\_\_\_

Sex Drive \_\_\_\_\_ Sleep \_\_\_\_\_

Are you usually in a good mood or a bad mood? Any triggers?

What are your 6 months goals you want to achieve working together?

Do you have any weight loss or weight gain goals?

Do you prefer texts or emails?

What time do you wake up in the morning and what time do you go to bed?

If you participate in physical activity, what foods do you typically eat before and after a workout?

Is there any information that we left out?

**Don't forget to submit at least 24 hours before our session.  
Talk soon!**

