



## New Client Evaluation

### Basic Info:

<b>Name (first, last):</b>		<b>Occupation:</b>	
<b>Age:</b>	<b>Sex:</b>	<b>Height:</b>	<b>Weight:</b>
<b>Phone#</b>		<b>Email:</b>	

### Health History:

Have you ever had or are you currently have?	YES	NO	If yes please describe...
Major surgery			
Been hospitalized overnight			
Experienced chest pain			
Heart attack or heart trouble			
Coronary bypass surgery or angioplasty			
Heart murmur or irregular heartbeat			
High blood pressure (HPD) over 145/95			
Impaired circulation, stroke or blood clot			
Seizure			
Diabetes			
High cholesterol			
Difficulty breathing			
Arthritis/rheumatism			
Musculoskeletal limitation of movement			
Knee problems or recurring knee pain			
Back problems, chronic or recurring back pain			
Herniated or ruptured disc			
Shoulder problems, chronic or recurring pain			
Torn or strained tendons, muscles or ligaments			
Swollen, stiff or painful joints			
Other			
Do you have any concerns about your current physical health?			

### 3 Day Log

	DAY ONE	DAY TWO	DAY THREE
WAKE TIME			
AM SUPPLEMENTS (type/dose)			
AM CARDIO (Type/time/# of min)			
MEAL/SNACK #1 (Details including time)			
MEAL/SNACK #2 (Details including time)			
MEAL/SNACK #3 (Details including time)			
MEAL/SNACK #4 (Details including time)			
MEAL/SNACK #5 (Details including time)			
MEAL/SNACK #6 (Details including time)			
PM CARDIO (Type/time/# of min)			
EXERCISE (Type/time/# of min)			
WORK (Time/activity)			
PM SUPPLEMENTS (type/dose)			
SLEEP TIME			

### Additional Medication, Nutrition & Exercise Information

Please describe any medications you are taking including the use, dosage and any side effects	
What type of protein supplement do you prefer?	
What other supplements do you take?	
What types of food will you NOT eat and why?	
What would you say is lacking from your current diet?	
What types of exercises and cardio do you prefer and why?	
What types of exercises and cardio do you NOT like and why?	
Have you worked with a personal trainer or coach in the past? If yes, please describe what you liked and what you didn't like about that experience.	
If you are provided an online training plan, how much instruction will you require to understand different exercises?	
If you are provided an online nutrition plan, how much instruction will you require to understand food prep and time management?	
What concerns do you have about changing your level of fitness and diet?	
Is there anything else you would like to share that is relevant to your goals?	
<b>Describe your goals with improving your fitness and overall health and what help you think you need.</b>	