Grateful Fitness New Client Application

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_

Current Exercise routine days/week\_\_\_\_\_

Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you committed to changing your lifestyle long term? (Y/N)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked with?

\_\_\_\_\_\_\_Trainer     \_\_\_\_\_\_\_\_ Nutrition/Health coach

Describe your nutrition in one sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check any that apply

\_\_Hyper/hypothyroid  \_\_metabolic damage

\_\_Depression       \_\_Allergies Y/N explain:

\_\_Menopause/peri menopause                                \_\_Bulimia

\_\_Anorexia                   \_\_Anemia                             \_\_Bi-polar

\_\_Adrenal failure         \_\_Diabetes                            \_\_ PKU

\_\_Arthritis                    \_\_Blood disorders                \_\_Insomnia

\_\_Leaky gut                  \_\_Cancer                               \_\_Infertility

\_\_Sciatica                     \_\_Celiac disease                   \_\_Irritable bowel syndrome

\_\_GERD                      \_\_Anxiety                              \_\_ADD

\_\_\_\_\_ Heart attack \_\_\_\_\_ Heart surgery

\_\_\_\_\_ Cardiac catheterization\_\_\_\_\_ Coronary angioplasty

\_\_\_\_\_ Pacemaker/ implantable cardiac defibrillator or rhythm disturbance

\_\_\_\_\_ Chest discomfort with exertion

\_\_\_\_\_ Unreasonable breathlessness\_\_\_\_\_ dizziness, fainting or blackouts

\_\_\_\_\_ Heart medications… List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have:

\_\_\_\_\_ diabetes\_\_\_\_\_ asthma\_\_\_\_\_ prescription medications : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Non prescription medications/supplements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Currently pregnant                      \_\_\_\_\_ burning/cramping in legs when walking a short distance

\_\_\_\_\_Musculoskeletal issues that limit activity\_\_\_\_\_ concerns about the safety of exercise

Cardiovascular Risk Factors:

\_\_\_\_\_ Older than 55, have had hysterectomy, or are post menopausal

\_\_\_\_\_ Smoker                                             \_\_\_\_\_blood pressure greater than 140/90

\_\_\_\_\_Unknown blood pressure                \_\_\_\_\_on blood pressure medication

\_\_\_\_\_Blood cholesterol > 200mg/dl         \_\_\_\_\_ unknown cholesterol levels

\_\_\_\_\_Have a close blood relative who had a heart attack or heart surgery before

       (age 55 male or  female   before age 65)

\_\_\_\_\_Physically inactive (< than 30 minutes activity 3 days /week)

\_\_\_\_\_ > 20 pounds overweight

What is your inspiration and purpose for seeking coaching with training / Health -Nutrition Coaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your favorite books?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_