

Meal Plan Initial Assessment Questionnaire

# Nutrition Assessment

## PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | DOB |  |
| Email: |  | Mobile: |  |
| Address: |  | Referred By: |  |
| Spouse’s Name |  | Children |  |
| Occupation |  | Would you be interested in receiving a newsletter every 3 months on your fitness goals? |  |
| Who do you know that would also be interested in my services? You also have the option to provide this name once you have achieved your results and are happy with the service you received. Please indicate if this is what you prefer. |
| Name: |  | Email: |  | Phone: |  |

## PAST AND PRESENT MEDICAL SITUATION

|  |
| --- |
| Are you presently under the care of a physician? If so, explain:  |
|  |

|  |
| --- |
| Please list any medications, vitamins, or other supplements that you take:  |
|  |

|  |
| --- |
| Do you have any allergies?  |
|  |

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|  |
| --- |
| Do you have or have a family history of any of the following conditions? |
| Condition (answer with a Y or N) | You | Y/N | Family Member | Y/N |
| High/Low Blood Pressure |  |  |  |  |
| Joint or Bone Condition/Injuries |  |  |  |  |
| Chest Pain Associated with Exercise or Stress |  |  |  |  |
| Acute or Chronic Chest Pain or Pressure |  |  |  |  |
| Heart Attack or Heart Palpitations (rapid heart rate) |  |  |  |  |
| Diabetes |  |  |  |  |
| High Cholesterol |  |  |  |  |
| Asthma |  |  |  |  |
| Osteoporosis |  |  |  |  |
| Frequent colds (more than twice a year) |  |  |  |  |

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| --- |
| Are there any other medical or other reasons why you believe it may be unsafe for you to start a regular exercise and/or nutrition program?How did you first learn about Fitness To a Tee e.g. by seeing an image on Facebook, through a friend, Google search etc?What qualities about Fitness To A Tee make you think that you may want to try one of the programs?  |
|  |

## CURRENT PHYSICAL CONDITION

|  |  |  |  |
| --- | --- | --- | --- |
| Current Weight/Height: |  | Your Weight 1 yr ago:  |  |
| Employment: Active / Sedentary |  | Target Weight:  |  |

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## HEALTH & FITNESS GOALS

\*\*Highlight relevant goals

|  |  |  |
| --- | --- | --- |
| LOSE BODY FAT | BUILD MUSCLE | HEALTHY LIVING |
| LOSE INCHES | LESS STRESS | TONE / FIRM UP |
| GAIN WEIGHT | CARDIOVASCULAR | STRENGTH |
| ENERGY | EDUCATION  | REHABILITATION |
| OTHER:  |

|  |
| --- |
| Have you ever been on a diet? If so, how many times and what did it/they involve?  |
|  |
| Was it/were they successful and why? |
|  |

|  |
| --- |
| Please describe your present exercise regime or even what you have done in the past including sets, reps and your max weight lifted if you used weights. If you need to you can add more under this box. (weight training, cardiovascular, aerobics, yoga, etc.) |
| MONDAY- |  |
| TUESDAY- |  |
| WEDNESDAY- |  |
| THURSDAY- |  |
| FRIDAY- |  |
| SATURDAY-  |  |
| SUNDAY –  |  |

## Foods

Do you have any particular foods you like/dislike and/or that you are allergic to?

Do you work night shifts or have any days where you work outside of 9am – 5pm work hours? We ask so that we can accommodate your eating and exercise around your lifestyle.

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Please state any other family needs that may need to be considered when we design your meal plan.

Please start a 3 day food diary, which includes 1 weekend day, noting down everything you eat and drink, the quantity, along with the time food/drink was eaten. Return it in Word document format to fitness@fitnesstoatee.com.au.

## Do you have any specific questions that you would like to ask Tee about health and fitness, or the attainment of your fitness goals?

What is it that bothers you about your tummy/body right now?

How committed are you to achieving your results? Remember that getting results takes hard work and consistency but we will have as much fun as humanly possible together along the way!

What do you think could possibly stop you from achieving results, including things that have stopped you in the past? E.g. poor time management, addicted to sugar, etc.

List the top 2 reasons why you feel your health and fitness are important at this stage of your life?

On a scale of 1 – 10 how important is your health and fitness to you?

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