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Nutrition Consultation Form

Client Name

First Name Last Name

Birth Date

Month Day Year

Phone Number

Email

example@example.com

Please state if you have current/previous health diseases/issues.

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Please state whether you take any medication.

Health & Lifestyle

	Yes	No
Do you smoke?	○	○
Have you had any major surgery in the past 12 months?	○	○
Do you drink alcohol?	○	○
Are you taking any vitamins or supplements?	○	○
Are you tracking your daily food intake?	○	○
Do you have any concerns with your current eating habits? If yes, explain below.	○	○
Do you have any food allergies or intolerances? If yes, explain below.	○	○
Do you have any barriers to healthy eating, or changing your eating behavior? If yes, explain below.	○	○

Use this space, if you answered yes to any of the questions above and for any additional information you like to share.

At which frequency you eat at night?

	0	1	2	3	4	5	
Never	○	○	○	○	○	○	Always

At which frequency you eat breakfast?

	0	1	2	3	4	5	
Never	○	○	○	○	○	○	Always

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What is your rate for your nutrition?

	0	1	2	3	4	5	
Poor	○	○	○	○	○	○	Excellent

What do you eat and drink on a regular basis?

What are some of your favorite foods and beverages?

How often do you exercise per week?

Please select the reasons you eat (besides hunger).

- ☐ Stress
- ☐ Depression
- ☐ Boredom
- ☐ Happiness
- ☐ Habit
- ☐ Annoyance

Please select the best days you can schedule a video consultation (zoom, google meet, FaceTime, etc).

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Please select the best times you can video chat (1 hour consultations).

- ☐ Early Mornings
- ☐ Mornings
- ☐ Early Afternoons
- ☐ Afternoons
- ☐ Evenings

What are your goals for Nutrition Coaching?

- ☐ Development of muscles
- ☐ Reducing the stress
- ☐ Losing body fat
- ☐ Increasing the motivation
- ☐ Other

NUTRITIONAL FACT

There are **six essential nutrients everyone needs**; to be in optimal health as outlined by the "World Health Organization *(WHO)*".

1. **Vitamins**
2.

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Minerals: Calcium, sodium, iron, cooper, and potassium balace water

3. **Protein**
4. **Fat**
5. **Carbohydrates**
6. **Water**

Thank you for completing our form. Overall wellness is the result of diet and activity. Our job is to help you examine your current diet, make substitutions and better choices, teach behavior change and life skills and adjust the plans based on results and your goal. Looking forward to chatting with you soon. - AWardGAINZ

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