



**Be Fit To Go NUTRITION APP.
CLIENT PROFILE QUESTIONNAIRE**

DATE: _____ HOME PHONE: _____

NAME: _____ WORK PHONE: _____

ADDRESS: _____ CELL NO. _____

CITY: _____ STATE _____ ZIP: _____ EMAIL: _____

IN CASE OF EMERGENCY, CALL: NAME _____ PHONE: _____

GENERAL HEALTH & NUTRITION QUESTIONS

Personal Profile Information

Gender: Male Female Height: ____ / ____ Birth date: _____ Age: _____
 Weight: _____ Body fat % _____

Weekly Exercise Information

Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

Exercise/Activity	Days/week	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifestyle / Professional Activity

How would you rate the activity level of your profession, or what you do during the day (non-exercise related).
 Sedentary Moderately Active Active Very Active

What are your goals?

Weight Loss Maintain /Improve Eating Habits Gain Weight What is your goal weight? ____

Protein Requirements

Which best describes you?
 sedentary adult exercising adult competitive athlete
 growing teenage athlete adult building muscle athlete restricting calories

Body Type

Which of the following statements best describes you?

- I can eat practically anything I want and I don not gain weight. I find it very hard to gain weight.
- I can lose or gain weight by adjusting my activity level and eating habits.
- I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

Health & Medical Conditions

Check any that apply or describe any other(s).

- | | | |
|---------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> heart disease | <input type="checkbox"/> anemia | <input type="checkbox"/> hypoglycemia |
| <input type="checkbox"/> liver disease | <input type="checkbox"/> kidney disease | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> pancreatic disease | <input type="checkbox"/> lactation | <input type="checkbox"/> hypertension |
| <input type="checkbox"/> other _____ | | |

Please list below everything you eat in one 24 hour period. Be sure to include snacks and beverages, including water. Also, show approximate amounts.

Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____
Time: ____	Food/Beverage: _____

Make a list of your favorite foods.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Make a list of foods that you dislike.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



What time do you normally wake up? _____
What time do you normally go to bed at night? _____
If you smoke, how many per day? _____
If you smoke, how many years have you smoked? _____
If you drink alcoholic beverages, what and how many per day? _____
Are you allergic to any types or kinds of foods? _____

Have you ever been placed on any type of nutritional program in the past? Yes No
If yes, by whom and what did it consist of? Please explain below.

What were your results?

Have you ever had your body fat tested? Yes No
If yes, how was it tested and when? _____

I, _____ Agree to allow Design By Fitness, LLC dba Be Fit To Go Mobile Nutrition App., Weight Management Consultants, to design a weight management program for me to enhance my health and fitness goals. I will follow the program to the best of my ability and I will not hold them harm or any person or party related personally liable for any problems, illness or injuries that might occur due to a sudden change in my eating habits that may occur due to a sudden change in my eating habits. I understand that Design By Fitness, LLC dba Be Fit To Go is not a registered or licensed dietitian, nor a medical practitioner. This weight management program does not replace the expert advice or medical treatment of my own private doctor. I have given Design By Fitness, LLC and Be Fit To Go all necessary information about myself to prevent any possible complications.

Signature: _____ Date: _____