

Client info: if you have internet access you can fill in all your personal information for us at this link the page will look like this hopefully, if not you can go to our home page and click the web scheduler icon located at the bottom left of the home page it will take you to a page like the one below.

After getting a user name and password please proceed to the profile page and update your entire info okay. <https://clients.mindbodyonline.com/home.asp> Type in Fitness Forever in the business box. Once at the page [click on the Fitness Forever Name not web link..](#) if you do not have access to the internet, I have the form here for you be sure fax or email it so I can put in your contact info.

Welcome to the Fitness Forever Online Store & Scheduler.

If you have already done this then skip this part

Once you log in:

- View our schedule
- Use the Online Store
- Review your visit history
- Check your upcoming schedule
- Update your personal information

Been here before?

If you have already created your personal login, please enter your username and password below to continue.

Forgot your username or password? No problem. [Click here for a reminder.](#)

Is this your first time?

Using the Online Store and Scheduler is easy. Just follow our step by step process.

Step 1: Please enter your first and last names or your ID from

First Name:

Last Name:

I Want My Body And My Life Back Questionnaire

Fax 760.262.3052

Name _____ Date _____

Address _____ Date of Birth _____ Age: _____

City _____ State _____ Zip _____ Cell# _____ Work# _____

Occupation: _____ E-mail Address: _____

Male _____ Female _____ Height: _____ Weight: _____

Physician's Name: _____ Physician's Number: _____

Emergency Contact / Relationship: _____ Phone/Fax Number: _____

How did you hear about us? _____

Occupation: _____

Partners Name: _____

Weekly Exercise Information.. Fill out for me

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

Exercise/Activity

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

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 do 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).

- heart disease anemia hypoglycemia
- liver disease kidney disease diabetes
- pancreatic disease lactation hypertension
- other _____

Make a list of your favorite foods! I

If you have a favorite protein bar or shake include the Carbs, Fats, and Protein on the label for the serving size and list the calories per serving size. I will have to add this to your data base

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Make a list of foods that you dislike.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you do smoke, how many times per day? _____

If you do smoke, how many years have you smoked? _____

If you do drink alcoholic beverages, what and how many do you drink 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? _____

What were the results? _____

Reflection Questions

please answer questions as clearly and thoughtfully as possible , expressing the fullness of who you are, these are pondering questions designed t o stimulate your self-discovery and to make work with me (your coach) more productive. Submit your answers to your coach via fax or email at least three days before your first session.

1. Why are you hiring or thinking about hiring a Nutritional Life Coach or Trainer at this time? Please place an asterisk next to the primary reason.
2. What do you expect from me in my role as your nutritional life coach?
3. What can I expect from you in this relationship?
4. What is your life's purpose or mission? How do you stay faithful to that?
5. What are you passionate about, gets your blood pumping and or gives you joy?

6. In order for me to effectively coach you, what should I know about your? About how you think or operate? About how you reach a decision? About what motivates you?

7. What is present in your life for which you are grateful?

8. What is missing from your life that you could add to make it complete?

9. Lastly, what questions/concerns do you have about the coaching process?

What Am I Tolerating? Where AM I Procrastinating?

People, things, and experiences sometimes cause our energy to leak out rather than to be tapped to meet our goals. What are you putting up with that drains your energy, whether you are conscience of it or not? Or, to phrase this question another way, on what are you procrastinating that if you accomplished it you would feel very relieved?

Please be specific to your nutritional, exercise and lifestyle habits if possible

Please list what you are tolerating or procrastinating at in the spaces below. Brainstorm as many things as you can, and then identify the top 9 for me that you might want to act upon for your own satisfaction completion and joy.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.