

# NEW CLIENT QUESTIONNAIRE FORM



**NAME** \_\_\_\_\_

**TODAYS DATE** \_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Reason for coaching? Athlete/ Competitor / Lifestyle
2. What are your goals? Short / Medium /Long Term
3. What is your occupation?
4. What is your daily activity / steps?
5. What is your current food?

6. What is your current training split?
7. What are your current supplements?
8. Are you natural or assisted ?
9. What are your current Peds?
10. What are your food likes?
11. What are your food dislikes?
12. Do you have any food allergies?
13. Do you binge eat?
14. Do you have any Injury's?
15. What's your weakness in terms of progress? Where do you fail?
16. What's your strength in terms of progress? Where are you consistent?

Please send over 6 Photos - 2 front - 2 back and 2 side