

Client Intake Form

To help me provide the best nutritional and meal planning support for you, it is important that I have a clear understanding of your present diet, health challenges and other pertinent wellness information. Please answer each question with honesty and as much detail as you feel is necessary Thank you!

1. Tell me about any food allergies you currently have.
2. What do you crave? List those food items that you consider to be your “downfall.” Any food addictions - soft drinks, chocolate, carbs etc.? Do you have any “comfort” foods?
3. Describe your typical day or weekly food intake for each meal. Be brutally honest. What’s your percentage of meat, vegetables, liquid/water, fruit each day.
4. How do you feel about meal preparation? Do you like it, despise it? Do you follow recipes or are you a “creative” cook and do your own thing? What do you love to prepare? Can’t stand to prepare?
5. Tell me about your eating habits. Do you feel your eating habits involve emotional issues? Do you overeat or sacrifice eating certain foods?

6. Tell me about your level and type of exercise you do. How often?

7. Do you have any chronic health conditions? When did it/they start? What have you done about it/them?

8. What are some of your goals around wellness and diet. Lose weight? Feel more energized? Eliminate allergies? Become vegetarian?

9. What else would you like me to know about you and your relationship to food, exercise and your overall state of health.