

Nutrition Client Assessment Form Template

* Required information First name * Last name * What's your email? * Date of Birth: Height: **Current Weight:**

Current Body Fat % (if known):

be and why?
be and why?
•
r success in
chieving your goa

t now, what are	your goals?			
any of your go	oals changed in the	last month? If so, I	now and why?	
_		d you rank your ove	rall eating / nutrition	on habits? (1
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ible; 5 = Aweso 1	me)	3		
ible; 5 = Aweso 1 did you rank yo	ome) 2 our eating / nutritio	3	4	
ible; 5 = Aweso 1 did you rank yo	ome) 2 our eating / nutritio	3 n habits as such?	4	
ible; 5 = Aweso 1 did you rank you	ome) 2 Our eating / nutrition There have you stru	3 n habits as such?	4	5

Why did you rank your health as such above?

e you doing any new forms of sports and/or exercise the last month, approximately how many hours a waysical activity? (e.g. housework, walking to work or rk, gardening)	eek have you done other types of
the last month, approximately how many hours a w ysical activity? (e.g. housework, walking to work or rk, gardening)	eek have you done other types of
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ysical activity? (e.g. housework, walking to work or rk, gardening)	-
rk, gardening)	
w many time a week do you do cardio workouts?	
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w many time a week do you do cardio workouts?	
w many time a week do you do cardio workouts?	
w many times a week do you strength train or lift v	veights?
at supplements do you currently take?	
ht now, what are your daily macros goals?	
Tit flow, what are your daily macros goals?	

Right now, what is your daily calorie goal?

3, 3:29 PM	Practice
In the leet ween	ath who did wood of the cooking in your boyonhold?
in the last mor	nth, who did most of the cooking in your household?
out, drink alcol	nth, how did you eat on the weekend/your days off of work? (e.g., do you dine hol, eat things you normally don't during the week, eat more quantity of food, e ily's homes, eat fast food)
In the last man	ath how mode did you got out in an average week?
III tile iast illoi	nth, how meals did you eat out in an average week?
In the last mor	nth, how many alcoholic beverages did you drink in an average week?
	· , , , , , , , , , , , , , , , , , , ,
Have you been or injuries?	n diagnosed within the last month with any significant medical condition(s) an
Right now, are know about?	you taking any medications, either over-the-counter or prescription, that I sho
_	you taking any medications, either over-the-counter or prescription, that I s

•	ind insane.; 5 = My li	•	me use, and overal n and relaxed.)	l busy-ness? (1 =
1	2	3	4	5
Given all the dema stress; 5 = extreme	nds of your life, wha	at is your typical str	ess level on an ave	rage day? (1 = no
1	2	3	4	5
n the last month, o	on average, how ma	ny hours per night (do you sleep?	
las your job or ac	tivity level changed	significantly in the	last month?	
f your job or activi	ity level changed sig	nificantly in the las	t month, please exp	olain how so?
Look through your	food journal. Based	on what you recor		s in the last mon
•	of your meals? (1 = 0	0-10% ; 2 = 10-35%;	3 = 35-65%; 4 = 65	-95%; 5 = 95+% o
•	of your meals? (1 = (0-10% ; 2 = 10-35%;	3 = 35-65%; 4 = 65	-95%; 5 = 95+% c
the days)	of your meals? (1 = 0 how have you eaten the weekends with h	on the weekend/yo	our days off of work	? How compliant
the days)	now have you eaten the weekends with h	on the weekend/yo	our days off of work	? How compliant

1		2	<u> </u>	,	3	•	4		5
	e of 1 to 1 d to the g	0 how wo	uld you ra	ank your a	average da	aily hunge	er? (1 = a	ıbsolutely	starvin
1	2	3	4	5	6	7	8	9	10
=		lly cope w s/in the la		_	coping w	iui suess	in direct	iii ways s	since ye
	.; 5 = I exc	month, horecuted it v	ery well.)		you been v		lan we've	agreed to	5 (1 = 1
nored it	.; 5 = I exc	ecuted it v	ery well.)		3			agreed to	
nored it	.; 5 = I exc	ecuted it v	ery well.)		3			agreed to	
nored it	.; 5 = I exc	ecuted it v	ery well.)		3			agreed to	
nored it	; 5 = I exe	ecuted it v	ery well.) ourself ch	nanged in	3 the last n	nonth?	4		5
nored it	; 5 = I exe	ecuted it v	ery well.) ourself ch	nanged in	3 the last n	nonth?	4		5
nored it	; 5 = I exe	ecuted it v	ery well.) ourself ch	nanged in	3 the last n	nonth?	4		5
ave you	expecta	ecuted it v	ourself ch	nanged in	the last n	nonth?	4		5

How long do you think it should take you to reach your goal?

mpossible.; {	5 = I have ZERO doubts.)	· · · · ·	nutrition / fitness go	oais? (1 = its
1	2	3	4	5

Built with Practice