

Contact Information

Name: _____ Email: _____

Best phone number to reach you: _____

Personal Information

Age: ____ Height: ____ Weight ____ lbs Gender: Male Female

Medical Information

Any current medical conditions or injuries? ____ If yes, please explain along with current treatment and/or medications _____

Any history of the following:

__ Anemia __ High Blood Pressure __ High Total Blood Cholesterol __ High LDL-Cholesterol
__ High Triglycerides __ Low Blood Sugar __ Elevated Blood Sugar

Nutrition Information

__ Weight Goal: Gain Lose Maintain If gain or lose, amount ____ lbs.

Any food allergies/ intolerances / or avoidances? _____

Any additional nutritional concerns? _____

Who generally prepares your meals? You Family/ Significant Other Pick up prepared meals

Please list any vitamins or supplements you use (include brand name): _____

3-Day Food Diary. Please record all food and drinks consumed over 3 days. Try to include 2 weekdays & 1 weekend day. Be specific as possible when listing food items and amount. (Forms are available at www.seattlefoodnut.com under the Sports Nutrition Services tab).

Exercise Information

Please list fitness goals: _____

How often do you exercise per week? 1-3 days 4-5 days 6-7 days

Typical Duration: ____ mins

Please complete activity log to correspond with food and beverage log:

Day	Activity (e.g. run, swim, climb, play soccer)	Intensity(light, moderate, heavy)	Duration (minutes)
1			
2			
3			