



Elizabeth MacDowell, NC, RYT | ForEatsSake.net | eatssake@gmail.com

Client Intake Form

Contact Information

Name: _____

Date: _____

Date of Birth: _____

Height: _____

Weight: _____

Goals

In general, what are your goals? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Lose weight/fat | <input type="checkbox"/> Look better |
| <input type="checkbox"/> Maintain weight | <input type="checkbox"/> Feel better |
| <input type="checkbox"/> Gain weight | <input type="checkbox"/> Have more energy and vitality |
| <input type="checkbox"/> Improve overall well-being | <input type="checkbox"/> Healthy aging |
| <input type="checkbox"/> Get control of eating habits | <input type="checkbox"/> Improve cognitive function |
| <input type="checkbox"/> Learn to eat with food allergies/intolerances | <input type="checkbox"/> Improve digestion |

Do you have any other goals that weren't mentioned?

Have you tried anything in the past to change your habits, your health, your eating and/or your body? If so, what?

Which of these things worked well for you, and why? (Even if it was just a small amount of progress)

Which of these things didn't work for you, and why not?

What do you think has blocked you from making the changes you mentioned above?

Current Habits and Routines

How would you rank your current eating and nutrition habits on a scale of 1-10? (No judgement here – this is just for information and comparison later)

Terrible 1 2 3 4 5 6 7 8 9 10 Awesome!

Are you regularly active in sports and/or exercise? Yes No

If yes, approximately how many hours per week?

- | | |
|--|---|
| <input type="checkbox"/> Fewer than 3 hours per week | <input type="checkbox"/> 3 – 5 hours per week |
| <input type="checkbox"/> 5 – 10 hours per week | <input type="checkbox"/> 10+ hours per week |
| <input type="checkbox"/> 15+ hours per week | <input type="checkbox"/> 20+ hours per week |

Why types of physical activity/exercise do you typically do?

Are you the household member who does the cooking? Yes No

Do you enjoy cooking? Yes No

How much total time per day can you devote to cooking?

Less than 15 minutes

15 – 30 minutes

30 - 60 minutes

60+ minutes

What dietary patterns do you follow? Check any or all that apply.

Vegetarian

Mediterranean Eating Pattern

Vegan

Whole foods only (minimally processed foods)

Pescatarian

No added oils

Paleo

Autoimmune Protocol

Ketogenic

Low-FODMAP

Low carb (also South Beach, Atkins, etc.)

Low-lectin

If your dietary pattern was not mentioned above, please list it here: _____

How is your health?

Have you been diagnosed (currently or in the past) with any significant medical condition/injuries? Yes No

Right now, do you have any specific health concerns, such as illness, pain and/or injuries? Yes No

Do you currently smoke? Yes No

Right now, are you taking any medications or supplements? Yes No

Please list any supplements/medications you are currently taking.

How many alcoholic beverages do you drink each week on average?

2 or fewer

3-5

6-9

10-13

14+

How would you rank your stress level on a scale of 1-10? (Think about work, home, school, travel, caregiving,)

None 1 2 3 4 5 6 7 8 9 10 Extreme stress

How many hours of sleep do you get each night on average?

4 or fewer hours

5-6 hours

7-8 hours

8-9 hours

10+ hours

Do you wake up in the morning feeling rested? Yes No

Do you tend to wake up often during the night? Yes No

How is your digestion?

How many times do you poop each day? 0-1 2 3 4+

Are you often constipated? Yes No

Do you often have diarrhea or loose stools? Yes No

Please list any food allergies or intolerances:

Please list any foods you do not want included on your plan:

Please list your favorite foods:

Disclaimer

Please recognize that it is your responsibility to work directly with your health care or medical provider before, during, and after seeking nutrition and / or fitness consultation.

Any information provided is not to be followed without prior approval of your doctor. If you choose to use this information without such approval, you agree to accept full responsibility for your decision.

Client signature: _____ **Date:** _____