**Nutritional Intake Sheet(must be completed prior to meeting NUTRITION COACH) Client name:**

|  |  |
| --- | --- |
| **Question** | **Answer** |
| Do you have any medical conditions? (E.g. Diabetes, Hypothyroidism, Allergies, High Blood Pressure, etc…)  If so how long have you been diagnosed? |  |
| Are you currently taking any prescription medications and/or nutritional supplements?  (i.e. Multivitamin, fish oil etc) |  |
| What are your goals regarding nutrition?  (Weight loss, Muscle gain, Athletic performance, etc.)  Please explain why? |  |
| Have you followed any diets in the past? If so, what were your results like? Were you happy with them? |  |
| How many times a week do you plan on training?  Do you have a trainer? |  |
| What is your Height, current weight and body fat% (if you don’t know we will take it for you)? |  |
| Are there any barriers preventing you from sticking to an eating plan? (i.e. non supportive family, binge patterns, fast food, etc) |  |
| Do you have any dietary restrictions? What foods do you like/dislike? |  |
| When do you experience: 1-The MOST energy during your day? 2-The LEAST energy during your day? 3-Are you ready to make the necessary changes in your diet to GET RESULTS? | 1- 2- 3- |



PURE MOTIVATION FITNESS STUDIO FOOD JOURNAL FOR SUCCESS

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| --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| WAKE-UP TIME: |  |  |  |  |  |  |  |
| BREAKFAST/MEAL1  Amount:  TIME: |  |  |  |  |  |  |  |
| SNACK/MEAL 2  Amount  TIME: |  |  |  |  |  |  |  |
| LUNCH/MEAL 3  Amount:  TIME: |  |  |  |  |  |  |  |
| SNACK/MEAL 4  Amount:  TIME: |  |  |  |  |  |  |  |
| DINNER/MEAL 5  Amount:  TIME: |  |  |  |  |  |  |  |
| DINNER 2/MEAL 6  Amount:  TIME: |  |  |  |  |  |  |  |
| BEDTIME TIME: |  |  |  |  |  |  |  |

Please log all the **FOODS** and **AMOUNT** you have eaten throughout the week and **please ensure you log all of the CHEAT MEALS**

**And or Alcohol that you have consumed to keep it as accurate as possible**