



# New Client Profile

www.BeautifulFitFree.com

Client Name	E-mail Address	Phone Number	Age

Please circle the best answer to help create the best exercise & meal plan for you. Thank you

### Days Available for Exercise

Please check answer that best applies.	1 or 2 Days at Most	At least 3 Days	4 to 6 Days
How many days per week are you <u>willing to work out</u> in the gym for 30 to 60 minutes?			
How many days per week are you <u>currently working out</u> for 30 to 60 minutes –inside or outside of the gym?			
How many days per week are you willing to work out <u>on your own</u> for 10 to 20 minutes?			
How many days per week are you <u>willing to go walking</u> for 30 to 60 minutes on your own or with others?			

### Exercise Preferences & Experience

Have you done or are you likely to do these activities?	Not A Chance	Never Tried It	May Do	Have Done in past	Will Definitely Try	Have Done Regularly
Participate in boot camp style group training classes.						
Take a choreographed fitness class such as Zumba, Step or Hip Hop						
Take a group strength training class						
Practice Yoga (any style)						
Jog, Rollerblade, Swim or Play a sport such as softball, tennis, volleyball or basketball						
Practice Yoga – Any Style						

### Exercise Experience –Anything Else You'd Like to Share –Preferences, Injuries or Illnesses?



How likely are you to do the following?	Very likely or already doing	Willing to Try	Won't do it
Track your meals using an online program like myfitnesspal.com or a smartphone application			
Plan your meals in advance			
Eat at least 3 meals per day			
Keep a Wellness Journal to track thoughts & feelings			
<b>Which of the following describes your diet:</b>	<b>Yes</b>	<b>No</b>	<b>No, but would like to</b>
I eat fresh fruits & vegetables daily			
I limit my intake of fried, greasy, processed or fast food			
I minimize my use of condiments such as heavy/oily dressings, sauces, mayonnaise, butter, cream			
I am conscious of my portion sizes and keep them within recommended amounts			
What types of non-alcoholic beverages do you normally drink?			

**Diet Preference**

Vegan	Vegetarian	Seafood Only	White Meat Only	Lean Red Meat Only	Carnivore & Loving It	Diabetic Diet

**Alcohol Intake**

Never Drink	Willing to abstain for 30 Days	Rarely Drink	Drink 2 or more Daily	Drink on Weekends
Have you ever been a smoker?		For How Long?		Quit Date

Any Food allergies?			
I crave breads and other carbohydrates			
I tend to eat heavily on the weekends			
I binge at night or when I am bored			
I crave sweets and tend to overeat at dessert time			
I lose control when I start eating salty foods			
I am diabetic & follow a diabetic diet.			

**What is the biggest change you would like to make to your diet?**

Please add anything else you'd like to tell me about yourself you can email or on separate page. [BeautifulFitFree@gmail.com](mailto:BeautifulFitFree@gmail.com). Thank you for your help.