Redefining Human

CLIENT INTAKE FORM

Name ______________________________ Date ______________________________

Address ______________________________ Email ______________________________

Phone ______________________________ Date of Birth ______________________________

**Please answer the questions below.

What is your main goal for this visit ______________________________

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How do you feel about your nutritional practices? (1 = Poor / 10 = Excellent) **1 2 3 4 5 6 7 8 9 10**

How do you feel about your movement practices? (1 = Poor / 10 = Excellent) **1 2 3 4 5 6 7 8 9 10**

Are you on any medication? **No Yes** If yes, which ones ______________________________

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Please list any Supplements? ______________________________

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**Please mark any of the following conditions you may currently have.

- [ ] Fatigue
- [ ] Brain Fog
- [ ] Dizziness / Fainting
- [ ] Joint Pain
- [ ] Muscle Soreness / Body Aches
- [ ] Sinus congestion
- [ ] Headaches
- [ ] Cold Virus
- [ ] Allergies
- [ ] Acne
- [ ] Eczema
- [ ] Bloating
- [ ] Constipation
- [ ] Diarrhoea
- [ ] Water Retention / Swelling
- [ ] Abdominal Pain / Cramping
- [ ] Gas
- [ ] Heart Burn / Acid Reflux
- [ ] Difficulty Digesting Food
- [ ] Burping
- [ ] Emotional Changes
- [ ] Mood Swings
- [ ] Depression
- [ ] Anxiety
- [ ] High Blood pressure
- [ ] High Cholesterol
- [ ] Pre-Diabetic
- [ ] Diabetic

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List any health conditions ______________________________

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Current Height ______________ **Current Weight** ________________ **Goal Weight** _______________

Describe your traditional meal and time of day -

Breakfast ____
____

Lunch ____
____

Dinner ____
____

Snacks ____
____

Favorite Protein Choices -

____

Favorite Vegetable Choices -

____

Favorite Fruit / Desserts / Sweets -

____

Most Frequently Visited Restaurants and/or Fast Food -

____

Any Additional Information - ____

____

Movement Practices -

How would you rate your overall physical fitness (1 = Poor / 10 = Excellent) 1 2 3 4 5 6 7 8 9 10

How would you describe your movement practices in a typical week?

Monday - Thursday ____

Friday ____

Saturday ____

Sunday ____