**BASIC INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

**NUTRITION & HEALTH ASSESSMENT**

Please fill out what you currently eat in an average day and the approximate time that you eat:

Meal 1 \_\_\_\_:\_\_\_\_

Meal 2 \_\_\_\_:\_\_\_\_

Meal 3 \_\_\_\_:\_\_\_\_

Meal 4 \_\_\_\_:\_\_\_\_

Meal 5 \_\_\_\_:\_\_\_\_

Meal 6 \_\_\_\_:\_\_\_\_

Post workout shake: Y or N **Goals:** Body Fat% \_\_\_\_\_ Weight \_\_\_\_\_

What time do you wake up on a typical day? \_\_\_\_:\_\_\_\_ What time do you go to bed on a typical day? \_\_\_\_:\_\_\_\_

What time do you work out on a typical day? \_\_\_\_:\_\_\_\_

What TYPE of exercise and how many days per week do you exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other activities? (Sports, bicycle riding etc) \_\_\_\_\_\_\_\_

Are you interested in learning about products to help you get the best results?

\_\_\_ Protein Shakes \_\_\_ Vitamins/Greens \_\_\_ Post Workout/Recovery

\_\_\_ Meal/Snack Replacements \_\_\_ Fiber Supplements \_\_\_ Food Scale

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use any special diet products? Yes No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*You must scan on an Inbody 570 before turning these papers in to your coach. \*\*Credit card info must be provided as well to get your account set up. Call Ekin 515-327-1629 if you prefer to give it over the phone.**

**BRIEF MEDICAL HISTORY**

When was your last complete physical exam? \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate (x) whether you have or had any of the following conditions:

\_\_\_\_ High Blood Pressure \_\_\_\_ Chest Pain \_\_\_\_ Orthopedic Conditions \_\_\_\_ Stroke

\_\_\_\_ Heart Disease or Attack \_\_\_\_ Dizziness \_\_\_\_ Osteoporosis \_\_\_\_ Hypoglycemia

\_\_\_\_ Diabetes \_\_\_\_ Heart Murmur \_\_\_\_ Hernia \_\_\_\_ Anemia

\_\_\_\_ High Cholesterol \_\_\_\_ Shortness/Breath \_\_\_\_ Arthritis \_\_\_\_ Cancer

\_\_\_\_ Irregular Heart Rate \_\_\_\_ Respiratory \_\_\_\_ Thyroid Disorder \_\_\_\_ Blood Disorder

\_\_\_\_ Epilepsy or Convulsions \_\_\_\_ GI Disorder \_\_\_\_ Lactose Intolerant \_\_\_\_ Wt loss surgery

Food allergies or nutrition concerns? (Dairy, Gluten, Protein etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These Customized Nutrition Plans ARE NOT DIETS; they require a commitment to a lifestyle change. Because we only choose to work with committed clients, there is no refund if you are unable or unwilling to follow our recommendations.

Please consult your nutrition coach for any questions. Thank you in advance for your commitment to your health.

**WAIVER**

I, the undersigned, have read, understand, and have answered the above health/medical survey questions fully and truthfully. I am aware of my responsibility to consult with me personal physician regarding my clearance to engage in strenuous exercise and/or a nutritional support program. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the participating training facility, and the fitness trainer/certified fitness nutrition specialist administering this program as well as the program creators themselves or anyone in connection with them for any and all injuries suffered while following the training and/or nutrition program provided to me. I also understand and agree to the no refund policy stated above.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Information (Required to activate LifeBase App)

CC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp \_\_\_\_\_\_\_\_\_\_ 3 dig \_\_\_\_\_\_

 **(THIS INFO WILL BE BLACKED OUT AFTER ENTERED)**

**Billing email address:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**