

EXERCISE AND NUTRITION

Date: _____

Name: _____

Address: _____

DOB: _____

Emergency contact: _____ Phone number: _____

CURRENT EXERCISE PROGRAM/ROUTINE:

Cardio: _____

Weights: _____

Stretching: _____ Yoga: _____

Pilates: _____ Tennis: _____

Other: _____

MY MAIN GOALS ARE:

MY CURRENT NUTRITION:

Water intake: _____

Alcohol frequency and amount: _____

Sweets - when and what: _____

Meat - what and how much: _____

Seafood - what kind: _____

Vegetables - what and how much: _____

Fruit - which ones and how many: _____

Dairy - what and how often: _____

Processed foods - what and how much: _____

Do you chose organic: _____

Soda or juice intake: _____

Coffee/tea - what do you add to it: _____

Gum - how often: _____

Eat at restaurant: _____

Buy prepared foods: _____

Vitamins/supplements: _____

MY BEST EATING HABITS ARE:

MY WORST EATING HABITS ARE:
