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## **Nutrition and Fitness Coaching Intake Form**

Name of Client: \_\_\_\_\_ Phone# \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt ph#: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Ph# \_\_\_\_\_ Height: \_\_\_\_\_ Current Weight (upon waking, nude, after bathroom): \_\_\_\_\_

Pictures Attached via email: Front, Side & Back \_\_\_\_\_ Measurements in Inches- Thigh(mid) \_\_\_\_\_

Hip(public bone) \_\_\_\_\_ Waist(belly button) \_\_\_\_\_ Chest(nipple) \_\_\_\_\_ Women(under chest) \_\_\_\_\_ Arm \_\_\_\_\_

### **Fees and Dues:**

To establish nutrition and fitness coaching services, clients agree to pay total for the session or services prior to the start. All payments can be made with Cash or Venmo.

**I UNDERSTAND THAT ALL PROGRAMS AND COACHING ARE PERSONALIZED FOR EACH CLIENT AND ARE PROPRIETARY TO MIDLAND CHIROPRACTIC CORP, ITS OWNER, AND STAFF. IF ANY CLIENT IS CAUGHT SHARING, SELLING, OR USING ANY OR ALL OF ITS SERVICES OR PROGRAMS CLIENT WILL BE DROPPED AND NO REFUND WILL BE GIVEN ON SERVICES UNUSED.**

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

\_\_\_\_\_  
Date

## **New Client Instructions**

Please allow 3 business days for program completion on program is selected and payment is complete.

1. How many days do you devote to training in the gym/extra activities noted below and for how long each session. Be honest as this is how your program will set up to follow. \_\_\_\_\_
2. Please give me an example of your current training/workout/activity program and include all Weight Lifting, Classes, Cardio and HIIT, Sports.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

3. Please List all the Medications, Supplements and Vitamins Currently Taking
4. What is your sleep schedule and quality of sleep look like? How many days a week do you sleep less than 7 hours?
5. Please List all Workout and Eating restrictions, illnesses, and health concerns currently and within the last 5 years
6. Do you have a history of eating disorders? Anorexia Nervosa, Binge Eating Disorder, Bulimia Nervosa, Other. Please not how long each lasted or if current.
7. How Many Diets, Diet Programs, Coaching Programs have you had/done over your lifetime? Please describe in Depth.
8. Have you ever been categorized as obese? Yes or No      Highest Weight and Age?
9. Current Daily Water Intake? \_\_\_\_\_oz      Current Daily Pop Intake? \_\_\_\_\_oz Type\_\_\_\_\_
10. Current Daily Coffee Intake? \_\_\_\_\_oz      Current Daily Energy Drink Intake? \_\_\_\_\_oz
11. Do you smoke or use narcotics? Yes or No
12. Do you drink alcohol? Yes or No
  - a. Beer-How Often/ Amount?
  - b. Liquor- How Often/Amount?
  - c. Wine- How Often/Amount?
13. Do you have support at home and around you to meet your current goals?

14. WHAT IS YOUR GOAL? Break It Down the Best You Can Starting from the top

- a. 1-2 Year Goal
- b. 3-6 Month Goal
- c. 1-4 Week Goal

15. Please use MyFitnessPal to track food for 7 days in a row, the account is easy to set up and is free via App or Online. Once you finish the 7 days, please send me Daily Nutrition Logs including a visual of calories, carbs, fats, protein, fiber and sugar.

- a. Please send these food logs along with the intake form completed.
- b. Please pay for your program via Cash at Midland or Freeland Sports Rehab
- c. or Venmo Kristin @JKBERARD last 4 digits of phone number 0637
- d. \$60 Monthly Nutrition or \$100 Monthly Nutrition and Custom Workout Program or \$60 ONLY 2-3 day Workout Program or \$90 ONLY 4-6 day Workout Program

16. **Be Sure to take your pictures and email [klberard@gmail.com](mailto:klberard@gmail.com) within 1 week of the start of your program. Pictures in a swimsuit or Shorts/underwear (and sports bra or tight tank for women) Take a picture in a relaxed pose Front whole body, either side of Choice Whole Body, and Back whole Body. Please try and take pictures in the same location wearing similar clothes each time requested.**