



Date: _____
Name: _____
Age: _____
Weight: _____
Height: _____
Email: _____
Phone#: _____

- 1 Who referred you to Paula? _____
- 2 What is the target weight you want to achieve? _____ In what period of time? _____
- 3 Why do you want to start exercising? _____
- 4 Do you have any injuries to prevent you from exercising on a routine basis? _____
- 5 When was the last time you had a physical? _____
- 6 Do you have a doctors release to start exercising? _____
- 7 What medication are you taking? _____
- 8 Have you ever exercised before? _____ How often? _____
- 9 Do you exercise now? _____ How often? _____
- 10 What time of the day do you exercise? _____
- 11 If so , what percent cardio and what percent weight lifting? _____
- 12 Have you ever had a C-section? _____
- 13 Are you willing and able to make a change in your weekly routine? _____
- 14 Do you want to change your eating patterns? _____
- 15 Do you have family or spousal support to change your weekly routine? _____
- 16 How many hours per week can you dedicate to working out? _____
- 17 How many times per day do have a full meal? _____
- 18 How many times per day do snack? _____
- 19 How many times a week do you eat at a resturant? _____
- 20 How many times a week do you cook a well balanced diet? _____
- 21 How many hours per week do you spend preparing your meals for the week? _____
- 22 Do you own a food scale? _____
- 23 Do you have any special events in the future you would like to prepare for? _____
- 24 How many hours of sleep do you get each night? _____
- 25 How often do you drink alcohol and how much? _____
- 26 Do you take any supplements such as: vitamins, amino acids, protien powder? _____
- 27 How do you rank your health on scale of 1 to 10? 10 is pefect _____
- 28 What do you want to change the most about yourself? _____

29 Do you have any food allergies or intolerances : nuts, lactose, shellfish, etc?

30 What are your typical work hours?

31 Please list all the foods you LIKE by category:

Vegetables:

Fruits:

Meats:

Dairy:

Legumes: beans, seeds, nuts, etc

Grains: Breads, bagels pastry etc.

32 Please list all the foods you DISLIKE by category:

Vegetables:

Fruits:

Meats:

Dairy:

Legumes: beans, seeds, nuts, etc

Grains: Breads, bagels pastry etc.

33 Please list your typical foods and AMOUNTS you eat throughout the week per meal

Breakfast

Lunch

Dinner

Snack

Drinks

Condiments

