

Name: ..... Age: ..... Phone no.: .....

Occupation: ..... Desk job: Yes  No  Work hours: .....

Goal to achieve: .....

Reason for the goal: .....

What will you feel if you cannot achieve the goal: .....

How important is this goal to you: .....

Understanding your SMART goal:

Specific: ..... Measurable: .....

Action plan: ..... Realistic : .....

Time bound: ..... Final goal: .....

Tendency to store fat or lose muscle easily? Yes  No  Overweight as a child or teenager? Yes  No

Vegetarian  Non Vegetarian  Eggetarian

Current health status: .....

Current medical concerns: .....

Medical conditions developed during the last 10 years: .....

Current medications consumed: .....

History of diseases in the maternal side before 60: .....

History of diseases in the paternal side before 60: .....

Any surgery or hospitalization in the last 5 years: .....

Food allergies / Food intolerance: .....

Details about any fasts/ Religious occasions: .....

Weaknesses/ Cravings: .....

Food - Likes: ..... Dislikes: .....

Do you indulge in emotional eating: Yes  No  Frequency: ..... Type of food: .....

Do you smoke? Yes  No  How many do you smoke in a day? .....

Do u binge drink? Yes  No  How much do you drink in a week? ..... What do you drink? .....

How many times do you consume dinner outside in the restaurants? .....

How often in the week do you rely on take-aways for mid meals? .....

How often do you travel for business in a month? .....

How often do you buy processed, packaged food like wafers, chivda, noodles etc for snacks? .....

What habits out of these do you wish to improve? .....

Exercising  Non Exercising

Lowest and highest weight range:.....

Observation of sudden weight loss / gain in last 6 months:.....

Current Fitness goal:..... Dream goal:.....

Exercise history:.....

Current exercise regime: Specific:.....

Measurable:..... Action plan:.....

Realistic:..... Time bound:.....

Alternate sports/ activities:.....

Maintenance of 3 day dietary record (1 day of the weekend and 2 weekdays):

Days	Time	Quantity & Food Item
Day 1		
Day 2		
Day 3		

TO BE FILLED BY FITNESS NUTRITIONIST:

Judgement:.....

Motivation levels:.....

Monitoring required:.....

Weakness / Obstacles:.....

Final plan:.....

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