Nutrition Intake Form

Client Information
Full Name: _____
Email Address: _____
Phone Number: _____
Date of Birth: _____
Gender: ☐ Male ☐ Female ☐ Other
Occupation: _____
Emergency Contact: _____
Emergency Contact Number: _____

Health & Lifestyle Information

1. **Primary health goals:** (Check all that apply)
   ☐ Weight loss ☐ Weight gain ☐ Muscle gain ☐ Improve energy ☐ Improve digestion
   ☐ Manage a health condition (e.g., diabetes, hypertension)
   ☐ Increase athletic performance ☐ Other: _____
2. **Are you currently under the care of a physician or healthcare provider?**
   ☐ Yes ☐ No
   If yes, please list any health conditions/medications you're being treated for:
   _____
3. **Do you have any known food allergies or intolerances?**
   ☐ Yes ☐ No
   If yes, please specify: _____
4. **Do you follow any specific dietary practices or restrictions?**
   ☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Low-carb ☐ Ketogenic ☐ Paleo ☐ Other:
   _____
5. **Describe your typical daily activity level:**
   ☐ Sedentary (little or no exercise)
   ☐ Lightly active (light exercise or sports 1-3 days/week)
   ☐ Moderately active (moderate exercise or sports 3-5 days/week)
   ☐ Very active (hard exercise or sports 6-7 days a week)
   ☐ Extremely active (very hard exercise, physical job, or training twice a day)

Current Nutrition Habits
6. **How many meals do you typically eat per day?**
☐ 1 ☐ 2 ☐ 3 ☐ 4+

7. **How many snacks do you typically have per day?**
   ☐ None ☐ 1-2 ☐ 3+
8. **Do you eat breakfast daily?**
   ☐ Yes ☐ No
9. **How often do you eat fast food or takeout?**
   ☐ Never ☐ 1-2 times a week ☐ 3-4 times a week ☐ 5+ times a week
10. **Do you drink alcohol?**
    ☐ Yes ☐ No
    If yes, how often? _____
11. **How much water do you drink per day?**
    ☐ Less than 2 cups ☐ 2-4 cups ☐ 5-7 cups ☐ 8+ cups
12. **Do you have any digestive issues (e.g., bloating, constipation, acid reflux)?**
    ☐ Yes ☐ No
    If yes, please describe: _____

Dietary Preferences

13. **What are your favorite foods or meals?**

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14. **What foods do you dislike or avoid?**

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15. **Do you have a preference for certain cooking methods?**
    ☐ Grilling ☐ Baking ☐ Boiling ☐ Steaming ☐ Stir-frying ☐ Raw ☐ Other:
    _____

Goals & Expectations

16. **What are your primary health or fitness goals?**

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17. **What would you like to achieve from this nutritional program?**

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18. **Are you currently tracking your food intake (e.g., via an app)?**
    ☐ Yes ☐ No
    If yes, which app do you use? _____
19. **Do you have any barriers to achieving your health or fitness goals (e.g., time, motivation, stress)?**

☐ Yes ☐ No
If yes, please elaborate: _____

Additional Information
20. **Please feel free to add any other information that will help me design your personalized nutrition plan:**

Signature
I understand that the information I provide will be used to create a personalized nutrition plan tailored to my needs and goals. I confirm that all information is accurate to the best of my knowledge.

Client's Signature: _____
Date: _____