

Date: _____ Name: _____

Phone # _____ EMAIL: _____

How did you hear about Scott Keppel? _____

GENERAL HEALTH AND NUTRITION QUESTIONS

Gender: Male Female Height _____/_____ Wt _____

Body fat% _____ Birth date: _____

Lifestyle/Professional Activity

What level of activity is your current job?

Sedentary Moderately Active Very Active

Would you say your job requires you to:

Sit at a desk Sit in your car Travel Be in meetings Combo

Can you pack a lunch? Yes / No

Do you eat breakfast? Yes / No

Time of day you currently exercise: _____ am _____ pm _____ na

Current Exercise/Activity

Weights:	# of days in a week	Duration	Time
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What body parts do you do on each day?

Cardio	#of days in a week	Duration	Time
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What type of cardio? (i.e. spin, sprints, intervals, etc..)

Realistically, how many days a week can you exercise and for what duration?

What are your goals?

Bikini Comp_____, Body Building_____, Figure Comp_____, Fitness Comp_____, Gain Lean Mass_____, Lose Body Fat_____, Pageant Prep_____, Performance_____, Post Breast Cancer_____, Pre/Post Natal_____, Weight Loss_____

List Healthy foods you are willing to eat on a daily basis

_____	_____	_____
_____	_____	_____
_____	_____	_____

List Healthy foods you dislike

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list below what you eat in a typical weekday. Include all beverages, supplements, and snacks.

Time:_____WAKE 1. Meal:_____

Time:_____ 2. Meal:_____

Time:_____ 3. Meal:_____

Time:_____ 4. Meal:_____

Time: _____ 5. Meal:_____

Time: _____ 6 Meal:_____

Additional notes: _____

Have you ever tried any type of nutritional program in the past? ___Yes ___No

If yes, what did it consist of? How long were you on it? _____

Are you currently on any medications? ___Yes ___ No

If yes, please describe: _____

Do you have any major health conditions we should be aware of? ___ Yes ___ No

If yes, please describe: _____

Additional
notes: _____

I, _____ Agree to allow Scott Keppel with Scott's Training Systems to design a weight management program for me to enhance my health and fitness goals. I will follow that program to the best of my ability and I will not hold Scott Keppel or any one related persons or parties personally liable for any problems, illnesses or injuries that might occur due to a sudden change in my nutrition habits. I understand Scott Keppel is not a registered or licensed dietitian, nor a medical practitioner. I have given Scott Keppel all necessary information about myself to prevent any possible complications and realize this should not take the place of any program my own private doctor would suggest.