

# **RPM NUTRITION CLIENT INTAKE FORM**



1. What is your full name?
2. What is your age?
3. What is your height?
4. What is your biological sex?
5. What is your current weight?
6. What is your current body fat percentage (if you know—if not, no problem, I can estimate from photos)?
7. Please send me full body photos from the front, back, and side. In a bathing suit or shorts and tank top is most helpful. Rest assured no one but myself will see these. Photos will help me make an accurate estimation of your lean body mass in order to best program your diet to work for you.
8. What are your current eating habits? An example day of eating is a helpful way to give me this information. You can give me an example of your “best” and “worst” days if you tend to fluctuate in how you eat. This is a judgment free zone; I am just here to help you structure your eating to meet your goals.

9. Have you dieted for weight loss or gain before? If so, how recently, for how long, and what kind of diet was it? How did the diet go? Did you maintain the changes and if so for how long? Feel free to give me as much detail as you can. This information really helps me understand your background so that I can help you succeed.
10. On a scale of 0–10 (10 being most knowledgeable), how much do you feel you know about nutrition (calories, macros, etc.)? Feel free to explain your answer.
11. What kind of exercise or training do you currently do (if any)? Please list any type of exercise and or what a typical training session (time, reps, sets, distances, etc.) looks like for you.
12. How many years (if any) have you been training with weights?
13. Please fill in the table below with your weekly schedule:

|                            | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|
| <b>Wake Time</b>           |     |     |     |     |     |     |     |
| <b>Training Times</b>      |     |     |     |     |     |     |     |
| <b>Training Type</b>       |     |     |     |     |     |     |     |
| <b>Length of Trainings</b> |     |     |     |     |     |     |     |
| <b>Bed Time</b>            |     |     |     |     |     |     |     |

Please also describe any times you cannot eat or any additional information that you think will be relevant to meal scheduling.

14. Will you have any big events, festivities, outings, travel, or other interruptions to your regular schedule during your time working with me? If so please list below:

15. What is your ideal meal number per day if you could choose? (Lower number = larger meals spaced farther apart). Please chose one or more and feel free to explain below:
16. Are there times during the day when you tend to feel most hungry or when you find you eat or snack the most?
17. What are your goals in terms of weight change?
18. What are your goals in terms of how you would like your body to look and feel?
19. How important are performance and health to you? (We can always keep health at the forefront, but sometimes a bit of performance must be temporarily sacrificed for body composition change—for example, you will never run your fastest or perform your best in sport when on a fat-loss diet, but we can slow losses to improve performance or focus on optimal losses and so on.)
20. What is your imagined timeline for your goal?
21. What are you hoping for from a coach on your journey? (Are you looking for accountability? To gain knowledge about how to diet?)
22. Why do you want to achieve your goal?
23. What personal values can you tie to this goal? (For example, do you want to be fit in order to enjoy a hobby or because you value your health and want to live long and well? These are personal values you can tie to your goal to increase your chances of success.)
24. Have you tried in the past to reach this goal? If so, how did you go about trying?
25. If you have tried and missed the mark for your goal, what do you think got in your way?
26. What has been the hardest part of any previous diets or nutrition programs you have done?
27. What has been the easiest part of any previous diets or nutrition programs you have done?

28. On a scale of 1–10 (with 10 being top priority), how important are the fulfilling things in your life that might make your nutrition/fitness goals harder to reach (nights out with friends, relaxed dinners with spouses, and so on)?
29. On a scale of 1–10 (with 10 being top priority), how important are your nutrition/fitness goals?
30. Is there anything that you think may be getting in the way of your nutrition/fitness goals that you are unwilling or very hesitant to give up or minimize (even temporarily) in order to reach your goals? (Some examples might be wine on weekends, a certain morning coffee drink, a favorite food, etc.)
31. On a scale of 1–10 with 10 being most confident, how confident are you in your ability to be successful with your fitness goals. Feel free to explain.
32. What are things that you think may have been getting in your way that you are willing to give up or minimize (at least temporarily) to reach your fitness goals?
33. Do you have any medical conditions or diagnoses that might impact your metabolism or your mental or physical health in any way? What, if any, medications do you take?
34. What questions do you have for me about diet/nutrition for body comp change and/or health?

I ask these last questions to help me understand how to write a program that will help you make progress towards your goals without completely disrupting the other awesome parts of your life. We all have our own specific balance and priorities and there is no shame in any choice. I just want to help you find your perfect place where you can feel happy in your life but still move towards your fitness goals!