

CLIENT ASSESSMENT FORM

Demographic Information

Title: _____ **Surname:** _____ **Given name:** _____
Date of Birth: ___/___/___ **Age:** _____ **Gender:** _____
Address: _____ **Postcode:** _____
Phone: (H) _____ (M) _____
Email Address: _____

Nutritional Status

Current Weight: _____ kg (Date: _____) **Height:** _____ cm
Weight History: 6 months: _____ kg; **1 year ago:** _____ kg
Highest Weight: _____ kg **Date:** _____ **Lowest Weight:** _____ kg **Date:** _____
Peri/Post Menopause (females only): _____

Medical History:

Allergies/Food Intolerances:

Current Medications – over the counter, prescription or supplements (name, frequency):

Family History:

Fitness Goals/Current Training Plan

Q: Are you currently following a 'diet'? ie. Paleo/No Sugar/No Grains/No Dairy/Vegan/Vegetarian

Q: What are your current diet related goals? ie. lose weight, build muscle, lose body fat, weight gain.

Q: What diets, techniques or behaviours have you tried in the past to control weight/body shape?

Q: How much alcohol do you drink? How many days? What is your preferred drink?

Q: What are your current fitness goals?

Q: If I could change three things about my health and nutrition related habits they would be...

Q: What will affect your ability to change these habits? (ie. financial, social, family, work or school commitments).

Q: What is your current training split?

Day	Training
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Food Preferences

Please outline the types of foods you like to eat and foods you do not eat (including foods not eaten for food intolerance/ethnic/religious/cultural reasons):

Foods I Like	Foods I Dislike	Examples
		Bread/Bread Rolls/Pita Bread/Wraps/Rice/Cereal. Pumpkin, potato, spinach, lettuce, green vegetables, carrot, tomato, beetroot. Apples, oranges, bananas, apricots, mangoes. Dairy: milk, yoghurt, cheese. Protein: Beef, chicken, fish, duck, pork, bacon, tofu, beans. Treats: chocolate, lollies, meat pie, soft drink, take away, chips.

FOOD DIARY DAY 1 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 2 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 3 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 4 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 5 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 6 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

FOOD DIARY DAY 7 – SUN/SAT/MON/TUES/WED/THURS/FRI

Today's Activities/Training

Time	Activity – <i>eg. Leg day at Gym.</i>	For how long? – <i>eg. 40 minutes</i>

FOOD JOURNAL

TIME (Record before and after your meal.)	FOOD Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	AMOUNT Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	MOOD Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	LOCATION Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

