

BLUEPRINT BACKGROUND



Client's Name: _____ Phone: _____

Email: _____ Occupation: _____

Weight: _____ Height : _____ Blood Type: _____ Birthdate: _____

Goals and Needs

What are your top 3 reasons for seeking nutritional support?

- 1.
- 2.
- 3.

How long have you had these issues? What other forms of treatment have you tried?

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

How motivated are you to eliminate these issues? (Circle best answer for you.)

- Will do anything* *Willing to make some changes* *Depends on changes* *Not motivated at all*

Medications, Surgeries, Incidents, & Testing

List medications, supplements, dosages, amounts, and reasons. Please include any OTC (over the counter) medications you take as well.

List surgeries or major health incidents

Have you had a food allergy test? If so, what type and what were the results?

Have you had a nutrition absorption test? If so, what were the results?

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Eating Habits & Details

Do you have any known food allergies or sensitivities?

What are your reactions?

Are there any specific foods that you know make you feel ill, cause reactions, or simply work against you?

What are your reactions?

What foods do you crave?

Describe your typical breakfast.

Describe three typical lunch or dinner meals for you.

- 1.
- 2.
- 3.

Check all answers that are YES.

- Prefer salty?
- Prefer sugary?
- Feel cold frequently?
- Have mood swings?
- Have brain fog or forget words?
- Have a heightened sense of smell?
- Prefer warm climates?
- Frequent need to urinate?
- Cramps, PMS, breast pain?
- Reflux symptoms?
- Digestive problems, frequent gas
- Do you enjoy cooking/baking?

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Typical Daily Intake:

- _____ About how many servings of veggies do you eat each day?
- _____ About how many servings of fruits do you eat each day?
- _____ What % of your fruit and veggie intake is organic?
- _____ What % of your food intake is GMO free?
- _____ If you eat animal proteins, what % are wild and/or grass fed?
- _____ About how many calories do you eat per day?
- _____ About how many grams of protein do you eat per day?
- _____ How many times do you eat in a typical day?
- _____ How much pharmaceutical grade fish oil do you consume daily?

On a weekly basis, how often do you:

- _____ drink alcohol?
- _____ smoke?
- _____ eat animal protein? (Beef, fish, chicken, dairy, whey, pork, etc.)
- _____ eat items containing gluten or processed flour? (breads, pastas, crackers, soy sauce, etc.)
- _____ eat out?
- _____ eat at fast food restaurants?
- _____ consume caffeine?
- _____ drink diet soda or other diet beverages?
- _____ drink sports drinks or power beverages?
- _____ consume artificial sweeteners? (Splenda, Nutrasweet, aspartame, etc.)

Sleep & Energy

- _____ What time do you normally go to bed?
- _____ How long does it take you to fall asleep?
- _____ What time do you generally awaken for the day?
- _____ Do you awaken naturally or with an alarm?
- _____ Do you have difficulty sleeping through the night?
- _____ Are you tired or sleepy during the day?
- _____ Do you need caffeine to wake up in the morning or to keep you going in the afternoon?
- _____ Do you have difficulty falling or staying asleep?

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Stress Management

Rate your current daily stress level for each item from 0-10, with 10 being the most stressful.

- _____ Work
- _____ School
- _____ Family
- _____ Primary relationship
- _____ Financial
- _____ Health
- _____ Other: Explain _____

What do you do to actively counterbalance stress in your life?

Exercise

How often on a weekly basis do you participate in the following workout activities:

- _____ Resistance or weight training
- _____ Running
- _____ Yoga
- _____ Cycling
- _____ Swimming
- _____ Walking (1/2 mile or more)
- _____ Elliptical or other cardio equipment
- _____ Zumba or other group aerobic activity
- _____ Other: Explain _____

Additional Information

What other information do you think would be helpful in knowing about you?