



# INTAKE INITIAL ASSESSMENT

## PERSONAL INFO

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Preferred contact  EMAIL  PHONE  TEXT

## SCOPE OF INTERESTS CHECK ALL THAT APPLY

- Lose weight
- Lose body fat
- Gain weight
- Gain muscle mass
- Maintain weight
- Improve physical fitness
- Have more energy and vitality
- Get in control of you eating habits
- Get stronger
- Competing for physique or modeling
- Improve athletic performance

## WHAT DO YOU EXPECT?

What do you expect from us here at BodymetRx? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you foresee being a challenge for you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HABITS

How would you rank your overall eating/nutrition habits right now? (1-5) \_\_\_\_\_  
1 VERY POOR, 5 EXCELLENT

Describe why you chose that number. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you meet the minimum requirements of exercise through most weeks? Minimum requirements are: 150 minutes of moderate-intensity exercise per week & training each major muscle group 2-3 times a week.  Yes  No

What type of sports or physical activity do you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How much do the people in your life (work, home, social) support your health, fitness and/or behavior change? (1-5) \_\_\_\_\_  
1 VERY POOR, 5 EXCELLENT

## GENERAL HEALTH

Do you have a previous or current significant injuries?  Yes  No If yes, then what? \_\_\_\_\_

Do you have a previous or current significant medical conditions?  Yes  No If yes, then what? \_\_\_\_\_

Do you have current any health concerns (illness, pain, injury)?  Yes  No

Currently taking medication or over-counter prescriptions?  Yes  No If yes, then what? \_\_\_\_\_

## DISCLAIMER

You are responsible to work with healthcare provider before, during and after seeking health and fitness consultation. Information given is not to be followed without prior approval of a doctor. If you chose to use information without full approval, you agree to take full responsibility for your decisions. You also are aware that we are here for help and guidance. Results and meeting expectations fall on you as an individual to put in the work with our help. This is not a magic pill or a get fit quick plan. We are here to inform, help and support you through the journey as you work to become a better version of yourself.  I agree

Sign \_\_\_\_\_ Date \_\_\_\_\_