



Please fill this out prior to your consultation including the food journal at the bottom.

CLIENT INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Height: ____ (feet) ____ (inches)

Current Body Weight: _____ Desired Body Weight: _____

Lowest Body Weight: _____ Highest Body Weight: _____

Physician: _____ Phone: _____

Daily Activities / Sports:

NUTRITION AND FITNESS GOALS

What are your nutrition and fitness goals?

1. _____
2. _____
3. _____
4. _____
5. _____

What have you tried in the past to achieve your nutrition and fitness goals? This includes any diet or exercise programs, supplements, books, etc...

1. _____
2. _____
3. _____
4. _____
5. _____

Continued..

What has been a barrier from you achieving your health and nutrition goals?

Anything else you'd like to add?

We look forward to discussing this further in your consultation!

Scroll down for food journal.

Torque Barbell Inc.



3 DAY FOOD JOURNAL

Please include quantity of each item (*ie. Half chicken breast or 5oz*). Include all sauces, snacks, and fluids.

	BREAKFAST	LUNCH	DINNER	SNACKS
DAY 1				
DAY 2				
DAY 3				

Anything else you'd like to add?
