

BODYMECHNIC CONSULTATION QUESTIONNAIRE

This will provide me with the information I will need to write up your own Training, Nutrition and Supplementation Program.

Name:

Address:

Email:

Phone #

Age:

DOB:

Height:

Weight:

Occupation:

Number of Years Training:

Ancestry (Where your families came from both sides)

Family history of medical conditions

Primary Goal – Check one

Lose Fat

Gain Muscle

Combination of Both

Other:

List any injuries you have or have in the past

Weak body parts or muscle groups -

Strong body parts or muscle groups -

Number of days available for training -

Equipment available for training -

Please write your current training routine (list exercises, sets, reps, weights used, number of days per week, etc.)

Cardio performed (how often, what type of cardio, intensity and duration)

How many times a day do you eat?

What time of the day do you eat your meals?

What time of the day do you normally train?

What does your daily life schedule consist of (So I can set up a menu that is manageable)

What supplements do you currently take?

What Medications do you currently take?

List any known food allergies:

Please write out your current daily diet with as much detail as possible

Please list some of your favorite foods

Please list the foods you do not like to eat

Lastly 1 Quick question - Do you have trouble with any one of the following:

(Please explain in detail)

Sleep

Stress

Digestion

Pain