

ONLINE CLIENT PROFILE QUESTIONNAIRE



DATE: _____

PHONE: _____

NAME: _____

EMAIL: _____

GENERAL HEALTH & NUTRITION QUESTIONS

Personal Profile Information

Gender: ☐ Male ☐ Female

Height: _____ / _____

Birth date: _____

Weight: _____

Body fat % _____

Weekly Exercise Information

Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

Exercise/Activity

Days/week

Duration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifestyle / Professional Activity

How would you rate the activity level of your profession, or what you do during the day (non-exercise related).

☐ Sedentary

☐ Moderately Active

☐ Active

☐ Very Active

What are your goals?

☐ Weight Loss

☐ Maintain /Improve Eating Habits

☐ Gain Weight

What is your goal weight? _____

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_____	_____
_____	_____
_____	_____

Make a list of foods that you dislike.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What time do you normally wake up? _____
What time do you normally go to bed at night? _____
If you smoke, how many per day? _____
If you smoke, how many years have you smoked? _____
If you drink alcoholic beverages, what and how many per day? _____
Are you allergic to any types or kinds of foods? _____

Have you ever been placed on any type of nutritional program in the past? ☐ Yes ☐ No
If yes, by whom and what did it consist of? Please explain below.

What were your results?

Have you ever had your body fat tested? ☐ Yes ☐ No
If yes, how was it tested and when? _____

I, _____ AGREE TO ALLOW **Jacqui Blazier/ Jacquifit LLC**,
WEIGHT MANAGEMENT CONSULTANT, TO DESIGN A WEIGHT MANAGEMENT PROGRAM
FOR ME TO ENHANCE MY HEALTH & FITNESS GOALS. I WILL FOLLOW THAT PROGRAM TO
THE BEST OF MY ABILITY AND I WILL NOT HOLD **Jacqui Blazier/ Jacquifit LLC** OR ANY ONE
RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR
INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EATING HABITS. I
UNDERSTAND THAT **Jacqui Blazier/ Jacquifit LLC** IS NOT A REGISTERED OR LICENSED
DIETITIAN, NOR A MEDICAL PRACTITIONER. THIS WEIGHT MANAGEMENT PROGRAM
DOES NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE
DOCTOR. I HAVE GIVEN **Jacqui Blazier/Jacquifit LLC** ALL NECESSARY INFORMATION
ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

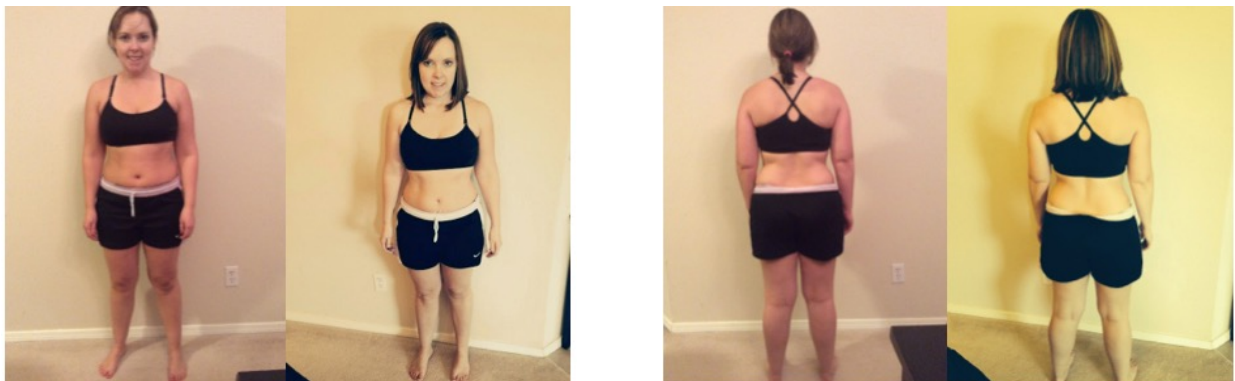
Signature: _____ Date: _____

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Bi-Weekly Progress Photos

In order to make necessary and timely changes to your fitness program we ask that you submit progress photos once every two weeks, no later than Friday. Please submit front, side and rear facing photos in workout shorts (gentlemen) or workout shorts/ tank top or sports bra (ladies). If you are uncomfortable submitting these photos in the beginning, a form fitting t shirt and shorts is fine. Progress photos are confidential and will never be shared without expressed consent of the client.

Example Photos:



Nutrition Journal: We highly recommend that you keep a daily/ weekly food journal to track your macronutrient intake. This may be done on paper or with a smart phone or online program such as My Fitness Pal. Your coach will ask to review your food journal periodically to ensure the proper program adjustments are made

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