



Intake

Tell a little about your story (how your body came to be the way it is):

Please provide the following info:

Height _____ Weight _____ Age _____

Type of job (Desk, Mom, Physical Labor, etc.) _____

Typical exercise routine in a week _____

Physical activity you do for fun (surfing, climbing, etc.) _____

Supplements or medications you take _____

Do you drink coffee? _____

Do you wake up feeling energized or sluggish? _____

Do fall asleep easily and stay asleep? _____

Do you have any other health issues such as joint problems, hair falling out, skin rashes, etc.? _____

Have you ever been diagnosed with or suspected you have:

Thyroid issues

Gall bladder issues

If female, do you get your periods regularly? _____

If female are you pregnant, trying to get pregnant or breastfeeding? _____

Any other health issues such as joint problems, hair falling out, skin rashes, etc.? _____

What will you not eat or prefer not to eat (meat, dairy, gluten, fish, etc.)? _____

Describe your goals such as lose X lbs., fit into a size X dress, finish a race in X amount of time, etc. _____
