

START UP FORM

Name:
Phone #:
Email:
Age:
Height:
Weight:
Est. Body Fat:

1. How did you hear about me?

2. What are your fitness goals?

3. Do you have any previous diet experience? If so, what kind of diet did you use and what kind of results did the diet attain?

4. What does your current training routine consist of and how often do you train?

5. Do you perform any cardio? If so, what and how often?

6. What is your current diet consisting of? Calorie estimate? (List foods)

7. What foods do you enjoy most?

8. What foods do you enjoy least?

9. Do you have any food allergies? If so what are they?

10. Do you have any previous/ current medical conditions, injuries or surgeries?

11. Do you or have you used any nutrition supplements? If so, what products?

12. What time do you wake up and go to sleep each day?

13. When during the day will you plan on working out? Will it be the same time each day?

14. How many days a week are you planning to work out?

15. Do you have any obligations during the day that will restrict you from eating solid meals? Will you be able to eat at work or restricted to shakes?

16. Do your hand and feet normally stay cold or do you tend to stay warm all day with occasional hot flashes?

17. When you eat a high carb meal (pasta, pizza, etc.) do you feel energetic or get sleepy and bloated?

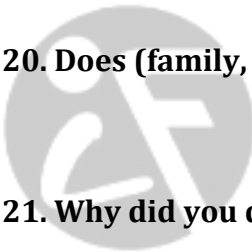
18. Have you ever lost and/or gained a large amount of a weight in a short period of time? Is so, explain.

19. At your job are you active? If so, explain.

20. Does (family, friends or spouse) support you on your new fitness goals?

21. Why did you decided to start a transformation?

22. What motivates you in life?



**CORRADO
FITNESS**
