



Date: _____

Name: _____

Mailing Address: _____

Phone Number (home, cell): _____

Email Address: _____

Emergency Contact name and phone numbers:

Date of Birth: _____

Current Height: _____

Current Weight: _____

Body Fat/Measurements: (to be done at initial meeting)

Occupation: If student, where do you go to school? _____

Sport(s)/Position(s): _____

Please describe your goals in detail with specific time frame in mind.

Medical History

Date of Last Physical Exam: _____

List any medical conditions ie. Diabetes, Hypoglycemia, GERD, thyroid.

List any past illnesses, injuries or surgeries within the past 5 years.

List any medications you currently take.

Do you or have you ever smoked? If so, how many cigarettes per week?

Do you drink alcohol? If so, what kind and how often?

Have you ever sought medical attention for alcohol abuse or for an eating disorder? _____

If you are female, describe your menstrual cycle? Are you regular?

Nutrition Information

List any food allergies: _____

Do you currently take any supplements? If so, list all of them.

Have you previously taken supplements? If so, what kind and when?

Are you a vegetarian? If so, what kind? _____

How much water do you drink per day? _____

What types of food do you crave? _____

List your 5 favorite healthy foods. _____

List your 5 least favorite healthy foods. _____

Who will prepare your food? _____

Any additional information re: living arrangements, timing of food due to school or work. _____

Coordination w/ Performance

How often do you train and for how long? In season and off season.

How often do you compete? Most often, at what time of day? _____

How many hours do you sleep? What time do you wake up? _____

When is the best day/time for us to meet? _____

Please complete these food journal pages and submit them to Kinetic Fuel along with this intake form. It is imperative that you be thorough, complete and honest when filling them out.