



## Client Intake Package

Welcome to CLE&N Health/Santé (Claudia's Life, Exercise & Nutrition)! I am very excited and honored that you have chosen me to guide you on your journey to leading an active and nutritional lifestyle. As I mentioned during our initial contact, the process requires a lot of time and commitment on your part, but the fact that you are taking this step to making changes in your lifestyle tells me you are ready for the challenge. Remember that I am here to help you. If you have questions, don't like something that I have proposed in your whole food plan (WFP), or just need some clarification, please do not hesitate to get in touch via text or email - or a phone call if that works best for you. This is your journey and I'm here to help guide you to meeting your health and wellness goals. Let's get started!

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## Information Package

This is your information package where I am asking you to provide some relevant personal information. I need the answers so that I can design a program unique to you and your goals. Please answer all the questions honestly and accurately.

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### Disclaimer

*This is necessary as you have to recognize the importance of working directly with your physician before and throughout this health journey. I am certified in fitness nutrition and hence am a nutrition coach. I am not a dietitian nor a registered nutritionist. If you have specific medical conditions which require medical attention, please let me know and I will be happy to refer you to the appropriate medical and health professional. With this in mind, any information and guidance provided is not to be followed without the prior approval of your physician. If you choose to use this information without consultation and consent of your physician, you are agreeing to accept full responsibility for your decision. All results are subject to your commitment and agreement to follow the prescribed whole food plan. Results are not guaranteed as they will depend on compliance and other factors that are out of my control as a health coach.*

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### Client Information

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Age: \_\_\_\_\_  
Date of birth (m/d/y): \_\_\_\_\_ Height: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Goals

Please rank the following according to importance to you with 1 being the most important and 8 being the least important.

Improved health \_\_\_\_\_ Improved endurance \_\_\_\_\_ Increased Strength \_\_\_\_\_  
Increased Muscle Mass \_\_\_\_\_ Fat Loss \_\_\_\_\_ Increased Power \_\_\_\_\_  
Weight Gain \_\_\_\_\_ Sport Specific \_\_\_\_\_ (What sport/athletic event are you training for?) \_\_\_\_\_  
Do you have a specific timeline for achieving a specific goal? \_\_\_\_\_  
If so, please specify. \_\_\_\_\_

### Medical & Health Information

If you have any health problems, list the condition(s).  
\_\_\_\_\_

If you are on any medications, please list them.  
\_\_\_\_\_

What additional interventions/therapies are being undertaken at this time for the condition(s)?  
\_\_\_\_\_  
\_\_\_\_\_

### Lifestyle Information

What do you do for a living? \_\_\_\_\_

How would you rate the activity level of your current job?

- None (seated work only)
- Moderate (light activity such as walking)
- High (labor intensive, a lot of activities)

Does your job involve shift work?      Yes              No

What is your work schedule?

- Days
- Afternoons
- Evenings
- Nights

Are you a primary caregiver for children, individuals with disabilities, elder relative, or other?

- Yes (please specify if it is not too personal) \_\_\_\_\_
- No

How often do you travel?

- Rarely
- A few times/year
- A few time/month
- Weekly



What leisure activities do you participate in outside of the gym and work?

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If you exercise at a gym, what type of activities do you typically do and how long are your sessions? Check all that apply.

Cardio \_\_\_\_\_min.                      Boot Camp \_\_\_\_\_min.                      HIIT \_\_\_\_\_min.  
 CrossFit \_\_\_\_\_min.                      Personal Training Sessions \_\_\_\_\_min.                      BodyBuilding \_\_\_\_\_min.  
 Yoga \_\_\_\_\_min.                      Fitness Classes \_\_\_\_\_min.                      Spinning \_\_\_\_\_min.

Please fill out the following table to reflect your day. Make sure you include what time you wake up, meals, when you go to work, your work schedule (breaks, lunch), exercise, leisure, go to bed, and go to sleep.

	<i>Activity</i>		<i>Activity</i>		<i>Activity</i>
<i>0:00</i>		<i>8:00</i>		<i>16:00</i>	
<i>1:00</i>		<i>9:00</i>		<i>17:00</i>	
<i>2:00</i>		<i>10:00</i>		<i>18:00</i>	
<i>3:00</i>		<i>11:00</i>		<i>19:00</i>	
<i>4:00</i>		<i>12:00</i>		<i>20:00</i>	
<i>5:00</i>		<i>13:00</i>		<i>21:00</i>	
<i>6:00</i>		<i>14:00</i>		<i>22:00</i>	
<i>7:00</i>		<i>15:00</i>		<i>23:00</i>	

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Do you take nutritional supplements on a regular basis?      Yes      No

If you're using nutritional supplements at this time, please list them and the doses you are taking.

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Do you have any known food allergies?

Yes (please list them here) \_\_\_\_\_

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No

Are there any foods to which you are sensitive or that you do not care to eat?

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*\*You will need a kitchen scale for the WFP. If you don't have one you can get one at Walmart for about \$15 - \$20. Make sure it gives you grams, ounces and millilitres for measurements.\**

# CLE&N

Health/Santé

## Food Diary

Use the following table to track your food intake for 5 days. This does not have to be 5 consecutive days. You are welcome to take a week and choose to track on different days. It would be best to have at least one day where you are not working (day off/weekend). Be honest as this will help me understand how much you are eating and learn about some of your current eating habits.

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5