

# *Initial Consult Form*



Name: \_\_\_\_\_

## **Baseline:**

**Consistency of eating/timing throughout the day:**

**Liquids (including water, alcohol, coffee and what they put in it):**

**Eating out (where, how often):**

**Adequate calories (food logging, tracking):**

**Macros (balance plate, snacks):**

## **Background:**

**Medical History:**

**Medications:**

**Weight history:**

Typical Day:



**Biometric Testing:  
Weight, Body Fat, BMI & Measurements (Fill out tracker form) and  
Take Picture!**

**Client Meal Plan Given: \_\_\_\_\_**

	<b>Calories Prescribed</b>
	<b>Grams Protein</b>
	<b>Grams Carbohydrates</b>
	<b>Grams Fat</b>

<b>Goal:</b>	
<b>Action Step #1:</b>	
<b>Action Step #2:</b>	
<b>Action Step #3:</b>	

**Write Follow-up Email Scheduled to Send Out In 2 Weeks!**



**Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_

<b>Date:</b>								
<b>Weight:</b>								
<b>BMI:</b>								
<b>Body Fat %:</b>								
<b>Blood Pressure:</b>								
<b>Total Cholesterol:</b>								
<b>HDL:</b>								
<b>TC:HDL Ratio:</b>								
<b>Blood Glucose:</b>								
<b><u>Measurements</u></b>								
<b>Shoulders:</b>								
<b>Chest:</b>								
<b>Arm:</b>								
<b>Waist:</b>								
<b>Hips:</b>								
<b>Thigh:</b>								
<b>Calf:</b>								