****

**Preliminary Client Information Profile:**

1. Age:
2. Height:
3. Current Weight:
4. Allergies:
5. Current Medications:
6. Briefly describe current job or daily activity:
7. Current exercise / per week:
8. Average hours of sleep per night:
9. List any strong food vises i.e. chips:
10. List any strong food dislike/aversions:
11. Describe any previous diets or weight loss/gains:
12. Briefly describe current diet (what your current eating habits look like from the tmie you wake up to bed time):
13. Children? How old?:
14. Spouses current lifestyle (exercises/diet):
15. Will spouse be supportive to your goals or make them more difficult (be honest!):
16. Any upcoming vacations/events:
17. How much weight do you ‘think’ you need to lose or gain?