



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

I would like to participate in the Balanced Habits Nutrition Program:  
(please check what applies)

\_\_\_ 3 Month Program (\$199/month)

\_\_\_ 6 Month Program (\$169/month)

\_\_\_ 12 Month Program (\$129/month)

Preferred Certified Food Coach: \_\_\_\_\_

Best way to communicate with you:

\_\_\_\_\_ Phone

\_\_\_\_\_ Email

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please fill out remaining sheets and turn into the Front Desk (Attn: Morgan Fewel)

## CLIENT PROFILE INFO

Today's Date: \_\_\_\_\_

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

Email: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

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

### Individual Information:

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight: \_\_\_\_\_ lbs.

Body Fat% \_\_\_\_\_

*\*This segment will be filled out by  
Food Coach\**



### Current Activity Level:

Please mark of which applies to what  
the current activity level is **NOW**:  
(based on overall weekly exercise  
and combo of any exercise)

- INACTIVE: 0-2 hours
- SLIGHTLY ACTIVE: 2-3 hours
- MOD. ACTIVE: 3 + hours
- VERY ACTIVE: 4 + hours
- ENDURANCE ATHLETE: 5 + hours
- STRENGTH:  
weight gain/body building

### New Activity Level:

- INACTIVE: 0-2 hours
- SLIGHTLY ACTIVE: 2-3 hours
- MOD. ACTIVE: 3 + hours
- VERY ACTIVE: 4 + hours
- ENDURANCE ATHLETE: 5 + hours
- STRENGTH:  
weight gain/body building

## An Average Day of Eating is.....

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

\*Please give an example of an average day for you. Be honest and specific so that we can create the best possible plan for you based on the information you provide for us.

Time: \_\_\_\_\_ Meal:

Time: \_\_\_\_\_ Meal/Snack:

Time: \_\_\_\_\_ Meal/Snack:

Time: \_\_\_\_\_ Meal/Snack:

Time: \_\_\_\_\_ Meal:

Time: \_\_\_\_\_ Meal/Snack:



## Balanced Habits LIFE Questionnaire

The following information will be treated as privileged and confidential.

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

① What are your individual goals? Prioritize from ① thru ⑤ (① being greatest)

\*Reduce body fat \_\_\_\_\_

\*Increase Lean Body Mass (muscle) \_\_\_\_\_

\*Increase strength, speed, endurance \_\_\_\_\_

\*Improve over-all health \_\_\_\_\_

\*Learn how to eat properly \_\_\_\_\_

② Currently, approximately how many Meals \_\_\_\_\_ Snacks \_\_\_\_\_ do you eat on an average day?

③ How would you rate your current diet?

poor

below average

average

above average

④ What is the average hour interval between your meals/snacks? \_\_\_\_\_

⑤ Do you wish to:  lose  gain  maintain your current body weight? What would you would like to weigh? \_\_\_\_\_

⑥ Are you currently taking any prescription medication? If yes, please list the name and how long you have taking this medication.

\_\_\_\_\_  
\_\_\_\_\_

⑦ Have you ever been diagnosed with Type I or Type II Diabetes? \_\_\_\_\_

⑧ Are you pregnant or lactating? If pregnant, how far along? \_\_\_\_\_  
If lactating, how often? \_\_\_\_\_ times per day.

⑨ Have you tried any other diet/nutrition programs in the past? If yes, what were they? \_\_\_\_\_

⑩ Have you been successful on any particular diet/nutrition program Y / N?  
Why? \_\_\_\_\_

\_\_\_\_\_

## Balanced Habits LIFE Questionnaire

The following information will be treated as privileged and confidential.

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

① Do you drink coffee daily? How much? \_\_\_\_\_ How often? \_\_\_\_\_

② What do you add to your coffee? \_\_\_\_\_

③ Do you drink alcohol? \*How often? \_\_\_\_\_ \*\*What type? \_\_\_\_\_  
\*how many days per week \*\*do you drink wine / beer / liquor / combination?

④ Are there foods that you just do not like and will not eat? Y / N

-Please list: \_\_\_\_\_

⑤ Are there any foods that you are allergic to? Y / N

-Please list: \_\_\_\_\_

⑥ Are you a  Vegetarian?  Pescetarian  Vegan  Flexitarian ☺

⑦ Approximately how many servings of protein do you consume daily? \_\_\_\_\_

-Please list what they are: \_\_\_\_\_

IE: eggs, fish, chicken, turkey, meat....

⑧ What are some of the foods you crave? \_\_\_\_\_

IE: bread, sweet things, salty things, crunchy-salty things...

⑨ Do you eat something for breakfast every day? ? Y / N

-If no, why?: \_\_\_\_\_

IE: not enough time, not hungry, don't like to...

⑩ What time is your average first and last meal of the day? \_\_\_\_\_AM \_\_\_\_\_PM

*Thank you!*



## Balanced Habits LIFE Participant Health Acknowledgment, Waiver & Release

Name (*please print*): \_\_\_\_\_

Welcome to the Balanced Habits LIFE! Your health is important to us. Please review our health acknowledgment to ensure you are ready to get started. Before beginning the LIFE Program, and as consideration for being enrolled in the program, you acknowledge that:

- you do not require a special diet (vegan, kosher, or halal) or, if you usually do follow a special diet, you have discussed this special dietary need with your Balanced Habits LIFE Advisor and discussed whether the Balanced Habits LIFE is right for you, and you still want to enroll in the Balanced Habits LIFE Program;
- you are not allergic to any foods or, if you are allergic to certain foods, you have discussed this food allergy with your Balanced Habits LIFE Advisor and discussed whether the Balanced Habits LIFE is right for you, and you still want to enroll in the Balanced Habits LIFE Program;
- you do not have celiac disease;
- you are not being treated with hemodialysis;
- if you are diabetic, you have advised your Balanced Habits LIFE Advisor of your condition and discussed whether the Balanced Habits LIFE is right for you, and you still want to enroll in the Balanced Habits LIFE Program;
- you have not been advised by a doctor to limit your physical activity or, if you have been so limited by your doctor's recommendation, you have provided a copy of that order to your Balanced Habits LIFE Advisor and discussed whether the Balanced Habits LIFE is right for you, and you still want to enroll in the Balanced Habits LIFE Program;
- you do not have a medical condition that would prevent you from participating in the Balanced Habits LIFE Program;
- you understand that, while your Balanced Habits LIFE Advisor may suggest that you eat certain foods, he/she may not be either a certified Nutritionist or a certified Dietitian and, therefore, may not be qualified to prescribe that you eat certain foods;
- you have discussed with your doctor any questions concerning your health, including any change in your diet and exercise habits and/or the need for any changes in medications; and
- you are responsible for your own health and will inform your doctor and your Balanced Habits LIFE Advisor if you experience any negative changes in your health while you are participating in the Balanced Habits LIFE Program and using the Balanced Habits LIFE tools, content or products.

Accordingly you hereby waive and release TakeDown LifeStyle, LLC, and its affiliates, employees, agents, representatives, successors, or assigns of any and all liability, claims or causes of action related to these health acknowledgements and your participation in the Balanced Habits LIFE Program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_