

# EVOLV | by S . U . N . E

SWEAT. UNLEARN. NOURISH. ELEVATE.

## Medical, Nutritional and Client History Questionnaire

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Height: \_\_\_\_\_  
Current weight: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Goal Weight: \_\_\_\_\_ Goal: \_\_\_\_\_

Primary health care provider: \_\_\_\_\_  
Provider's contact number: \_\_\_\_\_  
Other health-care specialists: \_\_\_\_\_

## Health History

- 1 Do you smoke Y / N  
if yes, how many a day: \_\_\_\_\_
- 2 Has your doctor ever said your blood pressure was too high or low? Y / N
- 3 Have you ( or immediate family) been diagnosed with diabetes? Y / N
- 4 Do you have any known cardiovascular problems? Y / N  
heart disease, abnormal ECG, etc.
- 5 Has your doctor told you that your cholesterol level was high? Y / N
- 6 Are you overweight? Y / N
- 7 Do you have any injuries or orthopaedic problems? Y / N  
if yes please explain: \_\_\_\_\_
- 8 Are you taking any prescribed medication or dietary supplements? Y / N  
if so what are they: \_\_\_\_\_
- 9 Are you pregnant? Y / N
- 10 Do you have any other medical conditions not previously mentioned? Y / N  
if so please describe: \_\_\_\_\_
- 11 Describe your current exercise program or physical activity schedule  
Frequency: \_\_\_\_\_  
Intensity: \_\_\_\_\_  
Time (morning or afternoon) \_\_\_\_\_  
Type: \_\_\_\_\_

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12 What are your leisure activities or hobbies?

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13 Describe your current lifestyle?

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14 What kinds of food do you eat? Elaborate with examples:

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15 What kind of food do you dislike? Elaborate with examples:

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16 Please describe the following meals:

Breakfast:

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Snacks:

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Lunch:

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Dinner

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17 How much water do you drink daily?

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18 How much coffee/tea do you drink daily?

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19 How much alcohol do you consume daily/weekly?

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20 Do you skip meals? If so what meals?

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21 Are you taking any nutritional supplementation? Vitamins if so what?

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<b>Exercise History</b>
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1 Are you currently exercising?

2 Which exercises do you like and dislike?

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3 What are your nutritional goals?

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4 What are your exercise goals?

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*I agree that all the above information is correct to my knowledge*

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