

4710 Eastman Ave
Midland MI 48640



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www.midlandsportsrehab.com

Nutrition Intake Form

Name of Client: _____ Phone# _____

Current Address: _____ City: _____

State: _____ Zip: _____ Alt ph# _____ Age: _____ Sex: Male or Female

Email: _____ Employer: _____

Ph# _____ Height: _____ Current Weight (upon waking, nude, after bathroom): _____

Pictures Attached via email: Front, Side & Back _____ Measurements in Inches- Thigh(mid) _____

Hip(public bone) _____ Waist(belly button) _____ Chest(nipple) _____ Women(under chest) _____ Arm _____

Fees and Dues:

To establish nutrition services, patient agrees to pay total for the session or services prior to the start. All payments can be made on Schedulicity Midland Sports Rehab account, in office or by calling with CC information.

I UNDERSTAND THAT ALL PROGRAMS AND COACHING ARE PERSONALIZED FOR EACH CLIENT AND ARE PROPRIETARY TO MIDLAND CHIROPRACTIC CORP, ITS OWNER AND STAFF. IF ANY CLIENT IS CAUGHT SHARING, SELLING, OR USING ANY OR ALL OF ITS SERVICES OR PROGRAMS CLIENT WILL BE DROPPED AND NO REFUND WILL BE GIVEN ON SERVICES UNUSED.

Client Signature

Date

New Client Instructions

Please allow 2 business days for program completion on program is selected and payment is complete.

1. How many days do you devote to training in the gym/extra activities noted below and for how long each session. Be honest as this is how your program will set up to follow. _____
2. Please give me an example of your current training/workout/activity program and include all Weight Lifting, Classes, Cardio and HIIT, Sports.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

3. Please List all of the Medications, Supplements and Vitamins Currently Taking
4. What is your sleep schedule and quality of sleep look like? How many days a week do you sleep less than 7 hours?
5. Please List all Workout and Eating restrictions, illnesses, and health concerns currently and within the last 5 years
6. Do you have a history of eating disorders? Anorexia Nervosa, Binge Eating Disorder, Bulimia Nervosa, Other. Please not how long each lasted or if current.
7. How Many Diets, Diet Programs, Coaching Programs have you had/done over your lifetime? Please describe in Depth.
8. Have you ever been categorized as obese? Yes or No Highest Weight and Age?
9. Current Daily Water Intake? _____oz Current Daily Pop Intake? _____oz Type_____
10. Current Daily Coffee Intake? _____oz Current Daily Energy Drink Intake? _____oz
11. Do you smoke or use narcotics? Yes or No
12. Do you drink alcohol? Yes or No
 - a. Beer-How Often/ Amount?

- b. Liquor- How Often/Amount?
 - c. Wine- How Often/Amount?
13. Do you have support at home and around you to meet your current goals?
14. WHAT IS YOUR GOAL? Break It Down the Best You Can Starting From The Top
- a. 1-2 Year Goal

 - b. 3-6 Month Goal

 - c. 1-4 Week Goal
15. MyFitnessPal is a great tool to track food, the account is easy to set up and is free via App or Online
16. **Be Sure to take your pictures and email kristin@kristinberard.com within 1 week of the start of your program. Pictures in a swimsuit or Shorts/underwear (and sports bra or tight tank for women) Take a picture in a relaxed pose Front whole body, either side of Choice Whole Body, and Back whole Body. Please try and take pictures in the same location wearing similar clothes each time requested.**