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KRISTIN BERARD, LLC

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## Intake Form

Name of Client: \_\_\_\_\_ Phone# \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt ph# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Ph# \_\_\_\_\_ Sex: Male or Female

Height: \_\_\_\_\_ Current Weight (upon waking, nude, after bathroom): \_\_\_\_\_ Pictures Attached: Front, Side & Back

Inches- Thigh \_\_\_\_\_ Hip \_\_\_\_\_ Waist \_\_\_\_\_ Chest \_\_\_\_\_ Women(under chest) \_\_\_\_\_ Arm \_\_\_\_\_

### **Fees and Dues:**

To establish coaching services, member agrees to pay total for the (package/plan/program) **due at signing.**

Client Start date: \_\_\_\_\_ Program Choice and Price: \_\_\_\_\_

### **Additional Programs/Items/Packages must be paid at time of purchase.**

Program dues for my chosen program, along with authorized client charges will be collected via cash/check or Paypal Via Friends and Family to the email KRISTIN@ABBRX.COM **per sign up date above**, unless previously paid by other means. All clients will receive an email and must be paid before the start of any services. All Client services and program will be delivered within 72 business hours of receiving payment.

All Online Programs MUST be paid in Full within 1/3 of the way through the program. 50% of the Program price is due at the time of submitting Intake Form. Remaining payments are due at 1/4 of program and 1/3 of selected program

### **Acceptance and Agreement**

I hereby agree to accept and abide by the terms of this Client Application and Agreement. I understand that this client agreement is for a term of \_\_\_\_\_ week(s) and will continue unless cancelled by me. \_\_\_\_\_ **Initials**

**I UNDERSTAND THAT ALL PROGRAMS AND COACHING ARE PERSONALIZED FOR EACH CLIENT AND ARE PROPRIETARY TO ABBRx, 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.**

I hereby agree to accept and abide by the terms of this Intake Form. I understand that my package/service is for a term of \_\_\_\_\_ **Weeks** and will be expired if unused within time limit unless ABBRx is contacted prior to expiration. \_\_\_\_\_ **Initials**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

## **New Client Instructions**

Once I receive this information complete and signed I will send a notification of amount due for Coaching Program/Services. Please also send me the following along with the completed form above.

1. How many days can you devote to training in the gym and for how long. Be honest as this is how I will set up your training program to follow. I don't want to over or under do it for you and want you to enjoy this process. \_\_\_\_\_

2. Please give me an example of your current training program and include all Weight Lifting, Classes, Cardio and HIIT.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

3. Please List all of the Supplements Currently Taking

4. Please List all Lifting and Eating restrictions, illnesses, and health concerns currently and within the last 2 years

5. Do you have a history of eating disorders? Anorexia Nervosa, Binge Eating Disorder, Bulimia Nervosa, Other

6. How Many Diets, Diet Programs, Coaching Programs have you had/done over your lifetime? Please describe in Depth.

7. Have you ever been categorized as obese? Yes or No      Highest Weight and Age?

8. Current Daily Water Intake? \_\_\_\_\_oz      Current Daily Pop Intake? \_\_\_\_\_oz Type\_\_\_\_\_

9. Current Daily Coffee Intake? \_\_\_\_\_oz      Current Daily Energy Drink Intake? \_\_\_\_\_oz

10. Do you smoke or use narcotics? Yes or No

11. Do you drink alcohol? Yes or No

- a. Beer-How Often/ Amount?
- b. Liquor- How Often/Amount?
- c. Wine- How Often/Amount?

12. Do you have support at home and around you to meet your current goals?

13. 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

14. Please add yourself to my personal Facebook friends “Kristin Berard”, then request to join the ABBRx Support Group

15. Please be sure to add me as friend on MyFitnessPal [Kristin@abbrx.com](mailto:Kristin@abbrx.com) and BE SURE TO ALLOW FRIENDS TO VIEW DIARY IN SETTINGS(very important)

16. SEND ALL 7 DAYS OF FOOD LOGS in PDF or HTML or JPEG form to [Kristin@abbrx.com](mailto:Kristin@abbrx.com)

**17. Be Sure to send your pictures with this intake form and be sure to take accurate weight and measurements**