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### Nutrition 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 and top) \_\_\_\_\_ Arm \_\_\_\_\_

#### **Fees and Dues:**

To establish nutrition 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 **per sign up date above.** All clients must be paid in full before the start of any services. I understand if I do not choose a program, I will be charged the per visit/consult rate for all appointments and changes made to my program following my first visit/Consult.

#### **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 \_\_\_\_\_ **Days/ Weeks/ Months** and will continue unless cancelled by me. I understand the term of my program will only be good for the length of time noted and will be expired if unused within time limit. \_\_\_\_\_ **Initials**

**I UNDERSTAND THAT ALL PROGRAMS AND COACHING ARE PERSONALIZED FOR EACH CLIENT AND ARE PROPRIETARY TO MIDLAND CHIROPRACTIC CORP AND KRISTIN BERARD, LLC, 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

\_\_\_\_\_  
Date

## **New Client Instructions**

Once I receive this information complete and signed begin developing your program and your Initial Visit Appointment to review will be set up. Please allow 3-7 business days for initial program completion.

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. Please List all Workout 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. Please not how long each lasted or if current.
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. MyFitnessPal is a great tool to track food, the account is easy to set up and is free via App or Online
- 15. Be Sure to take your pictures and include with this intake form and be sure to get accurate weight and measurements**