



## Sports Nutrition/ Fat Loss Questionnaire

### Personal Details

Your Name:

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DOB:

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Address:

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GP Name & Surgery Address

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Telephone & Email

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How much do you weigh & what is your target weight (KG/lbs/Stone)?

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What is the main goal you are trying to achieve? .....

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How would you class your body frame (Thin/muscular/heavy)?

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How would you class your body fat ratio (Low/medium/high)?

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If you know your body fat % please state here:

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What is your current resting heart rate? (Remember to take your resting heart rate over at least 3 days so that you can get an average reading)

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**Nutritional & Medical Information**

Do you have any medical conditions that I should be aware of ? (Diabetes, high cholesterol, allergies.)

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Are you on any prescribed medication? (Please list name and dosage)

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What is your current blood pressure?

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Do you have any specific dietary needs I need to take into consideration E.g., vegan, gluten/dairy free? (Please specify what you don't eat)

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Are there any foods that you dislike? If so please specify below:

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Are there any specific foods that you just can not give up ? If so please specify below:

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## Sport & Training

Which sport(s) or training regime will you be undertaking whilst following your fat loss/ Sports Nutrition program?

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At what level do you play/compete (Town/County/National/Professional/Semi-Pro/Other)?

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What do you want to achieve from Sports Nutrition or fat loss program?

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How many hours on average, per day do you currently train?

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Please specify your weekly training schedule so I can advise you better with your fat loss program, i.e. Monday: Running. Tuesday: Heavy Weights. Wednesday: Circuits. The more details you can provided the better, i.e. times of training, work times, sleep patterns, how long you train for.

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If your goal is weight gain (muscle) how much do you want to gain?

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If your goal is weight loss (fat) then how much would you like to lose?.....

Please add any other information below that you feel would help me in creating your Sports Nutrition plan/fat loss plan.

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## Supplements

Do you wish to include sports supplements in your meal plan? (Please list and include reason for taking the specific supplement(s))

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How much are you willing to spend on supplements per month if needed?

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## Client Therapist Terms of engagement

### Introduction

Good nutrition helps build the body's natural strength and resistance. However, no claim is made as to the efficacy of any nutritional protocols. It should be noted that the degree of benefit obtainable from Nutritional Therapy might vary between clients with similar health problems and following a similar Nutritional Therapy programme.

### The Nutritional Practitioner

∞Nutritional advice will be tailored to support medically established, diagnosed conditions and/or health concerns identified and agreed between both parties.  
∞Nutritional Practitioners are not permitted to diagnose, or claim to treat, medical conditions. Nutritional advice is not a substitute for, professional medical advice and/or treatment.

NB: the BANT Code of Ethics and Practice govern Standards of professional practice in Nutritional Therapy.

### The Client

- ∞You are responsible for contacting your GP about any health concerns.
- ∞If you are not being treated by your GP, you should still advise him/her that you are receiving nutritional therapy.
- ∞If you are receiving treatment from your GP, other medical providers or complementary therapists you should advise them of any nutritional strategy provided by a nutritional practitioner. This is necessary because of any possible reaction between medication/ treatment and the nutritional programme.
- ∞It is important that you tell your nutritional practitioner about any medical diagnosis, medication, herbal medicine, or food supplements, you are taking as this may affect the nutritional programme.
- ∞If you are unclear about any areas of the agreed nutritional therapy programme including supplementation and timeframes you should contact your nutritional practitioner promptly for clarification.
- ∞You must contact your nutritional practitioner should you wish to continue any specified dietary or supplement programme for longer than the agreed period, to avoid any potential adverse reactions.
- ∞You are advised to report any concerns about Nutritional Therapy promptly to your nutritional therapist for discussion and action.

### Signed agreement between the Nutritional Therapist and Client

We understand the above and agree that our professional relationship will be based on the content of this document.

Signed by client:  
Print Name:

Date:

Signed by Nutritional Therapist:  
Print Name:

Date: