

# **KELLI MICHELLE FITNESS**

## ***Keep Moving Forward with Flexible Dieting***

### **2018 Client Questionnaire and Participant Waiver**

*Please be as detailed as possible (especially on #1 and #8)*

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1. Please answer the questions below and email back to [myfitgirl@gmail.com](mailto:myfitgirl@gmail.com) as soon as possible so that you will have a reserved starting date.

You may use any macro tracking device, myfitpal seems to be the best out there thus I recommend that.

2. Read entirely the FAQ NEW 2017 FORM and have your Myfitnesspal app loaded. You can also watch some YOUTUBE videos on adding meals and recipes. I do not advise on troubleshooting Myfitnesspal it is a MACRO tracking device that we use to accurately track data for the 2017 SPREADSHEET.
3. Send Data with 7 days of tracking included in 2017 DATA sheet, I will not look at data in any other format. I will not review data in myfitnesspal. I require it to be in my EXCEL sheet as that sheet is most accurate.
4. SET UP MYFITNESS PAL LINK  
<https://www.youtube.com/watch?v=FUiOK131yEU>
5. I will write your program when I have read, approved and received your “payment” in PayPal or by optional method for programming. If I can write your program before I have an opening I will contact you but I do need to stay on target with start dates.

**REQUIRED: I will need this form completed and back to me at least 1 week prior to your scheduled consult or before I set up your specific macro plan.**

**Please look at the “FAQ” form in detail! Be sure you have read and understand what macronutrients all before we meet. Please be certain that you answer all questions thoroughly below: DETAIL WORKOUT and MEDS, or MEDICAL HISTORY PLEASE!!**

## **CLIENT INFORMATION SECTION**

**Full Name:**

**Referred by:**

**Age:**

**Height:**

**Current Weight:**

**Describe your workout routine below:**

Please be as detailed as possible when answering the questions below.

Please describe your workout schedule in detail below be sure to add duration, what you do for your training sessions and what time of day you work out.

**ATTENTION ALL COMPETING ATHLETES: WEIGHT LIFTING/ POWER LIFTING/ CROSSFIT / WRESTLING.**

**\*\* IMPORTANT\*\*** If you are competing in any of the above weight re classes please let me know when you compete and WEIGHT class please.

## **MACRO TRACKING/ FLEXIBLE DIETING**

What is your short term goal?

What is your long term goal?

Again, Please be as specific and detailed as possible below. It helps me better meet your specific needs.

1. Current eating patterns – what does a normal day look like for you in regards to breakfast, lunch, dinner and snacks?
  - a. How frequently do you eat? EXAMPLE: every 1-2 hours, 3-4 hours etc
  - b. List the foods you enjoy and be SPECIFIC
  - c. List foods you dislike, they will NOT be in your plan.
2. Please tell me your daily water intake. Is it roughly the same every day?
3. How much do you sleep? Average night ( EX: 7 hours )
4. Do you work out on an empty stomach?
5. Do you have a job that requires night shift or day shift swapping?
6. What do you hope to be more consistent with?
7. Do you find yourself craving certain foods? If so, what is it you crave and when?
8. Are you on any medications? If yes, what? If you are on medications please do not take it personal if I can't work with you. I stay entirely within the scope of my profession.  
If I feel that you need specific help from another nutrition professional I will send you to someone trusted and well respected.
9. Anything a personal trainer/nutrition coach should know? Prior obsessive behaviors or anything unusual that you feel you should disclose? EATING DISORDER RELATED BEHAVIOR.
10. Do you have any current Injuries or illnesses? PLEASE ALSO list any struggles you have with emotional or stress eating.
11. What fad diets have you done? How recent?

12. Do you have a history of restrictive eating, bingeing, or an eating disorder? If so, please describe. **(PLEASE BE DESCRIPTIVE HERE)** I may not elect to coach depending on severity. I have referrals to the best individuals for these disorders.

Please fill this out and return to Kelli Michelle at [myfitgirl@gmail.com](mailto:myfitgirl@gmail.com)

### **Participant Waiver**

I hereby understand that Kelli Gubrud, CPT, SNS is not a Registered Dietician. If you are under the supervision of a Dr. or Psychiatrist please make that a known fact in your form and in detail.

Kelli Gubrud is a nutrition and wellness coach in the field of Sport Nutrition and General Weight Loss. I hereby understand that Kelli will not be held responsible for any misrepresentation or misinterpretation of information given. Kelli does not write specific meal planning because of the nature of flexible diet definition. If you wish to seek advice from a nutritionist a referral will be gladly provided. Kelli does not write meal plans or advise on any synthetic supplementation. We advise that if you have not had a full physical and hormone panel we advise that you do so before starting any nutrition and training program.

If you have a concern that a Medical professional needs to address, Kelli and or any of her coaching staff will make recommendations accordingly. I understand and do not hold Kelli Gubrud accountable for any such medications or supplements taken by choice during the time of coaching. Medications and supplements are the choice of the participant and will not be required for participation. Participant understands that Kelli Michelle is only a credentialed coach and not a Nutritionist.

X \_\_\_\_\_

Date: \_\_\_\_\_

**Participant Signature**

**\*\* Scan and email or Print and return to email survey and return waiver below upon starting program.**

Thank you and I look forward to assisting with your Nutrition and Performance needs.

**Kelli Michelle Fitness**

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PETERSON LAW/ PROVIDIAN