

# WELLNESS PROFILE

First & Last Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Height \_\_\_\_\_

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What are your specific health & wellness goals?

\_\_\_\_\_  
\_\_\_\_\_

Where is your energy level, on a scale from 1-10? \_\_\_\_\_

What time do you go to bed? \_\_\_\_\_ What time do you wake up? \_\_\_\_\_

Do you exercise? \_\_\_\_\_ How many days a week? \_\_\_\_\_ How long? \_\_\_\_\_

Daily water intake \_\_\_\_\_ oz Other? \_\_\_\_\_ Coffee \_\_\_\_\_ Juice \_\_\_\_\_ Soda \_\_\_\_\_ Alcohol \_\_\_\_\_

How many times a week do you eat out? (breakfast, lunch & dinner) \_\_\_\_\_

Do you have any food allergies or foods you can't eat? \_\_\_\_\_

Do you have any digestive issues? \_\_\_\_\_

Any other ailments you would like to share? \_\_\_\_\_

Are you on any medications? Yes No \_\_\_\_\_

*Optional*

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## YOUR TYPICAL DAILY FOOD INTAKE

Breakfast: \_\_\_\_\_ Time: \_\_\_\_\_

Snack: \_\_\_\_\_ Time: \_\_\_\_\_

Lunch: \_\_\_\_\_ Time: \_\_\_\_\_

Snack: \_\_\_\_\_ Time: \_\_\_\_\_

Dinner: \_\_\_\_\_ Time: \_\_\_\_\_

### SCALE SETTINGS: Standard or Athlete

Current Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

Body Fat % Percentage: \_\_\_\_\_

*Goal Men - 15 - 20% / Women 20-25%*

Muscle \_\_\_\_\_

Visceral Fat \_\_\_\_\_

*Goal - Under 5*

Water \_\_\_\_\_

### GENERAL MEASUREMENTS (Inches)

Mid Chest \_\_\_\_\_

Waist (Belly Button) \_\_\_\_\_

Bicep \_\_\_\_\_

Hips (At Wrist) \_\_\_\_\_

Thigh (Middle Finger) \_\_\_\_\_