



## Client Intake Form

Amy Rizzotto, Certified Sports Nutrition and Holistic Health Coach  
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*Please fill out the following questions as best you can. If there is a particular question you don't understand or want to fill out, we can discuss them at our first meeting. Thank you.*

### Personal Information

Name			
Address			
Home Phone		Current Profession	
Work Phone		Hours in a work week	
Cell Phone		Birth date/age	
Email address		Height	
Marital Status		Children	
Ethnicity (optional)		Languages spoken	
Current Weight/ Ideal Weight Comments?		Cholesterol, HDL/LDL	
		Triglycerides	
		Blood pressure	
		Blood Type	
		Diabetes/hypoglycemia?	
		Food/environmental allergies or intolerances?	
Male/female		Other significant lab results?	
Do you have a medical diagnosis?		Are you pregnant?	
Referred by		Today's date	

What is the main reason for your visit?  
 \_\_\_\_\_

Are you seeing any other health professionals at this time?  Y  N If yes, please list \_\_\_\_\_  
 \_\_\_\_\_

How well do you sleep? \_\_\_\_\_ Bedtime \_\_\_\_\_ Waking time \_\_\_\_\_

On a scale of 1-10 (10 being the highest) how would you rate your stress level? \_\_\_\_\_

What causes stress for you?  
 \_\_\_\_\_



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List any regular physical activities (frequency and duration) \_\_\_\_\_

List other hobbies or passions? \_\_\_\_\_

Do you smoke?  Y  N How much? \_\_\_\_\_

Do you drink alcohol?  Y  N How often? \_\_\_\_\_

Use recreational drugs?  Y  N Type/how often? \_\_\_\_\_

Any other health conditions not I should be aware of? anemia, crohns, colitis, ulcers, thyroid disorder, history of eating disorder, etc: \_\_\_\_\_

How would you describe your overall health? \_\_\_\_\_

Last course of antibiotics? \_\_\_\_\_ What were they prescribed for? \_\_\_\_\_

Do you have/get yeast overgrowth (yeast infections, nail fungus, athlete's foot) now or in past? \_\_\_\_\_

Recent weight loss or weight gain?  Y  N If yes, how much? \_\_\_\_\_

Do you have any know allergens?  Y  N If yes, list allergy and symptoms \_\_\_\_\_

**Nutrition and Dietary Habits**

How many meals do you typically eat per day? \_\_\_\_\_ Do you snack? \_\_\_\_\_

How many times a week do you:  
 eat out at restaurants? \_\_\_\_\_ eat breakfast? \_\_\_\_\_  
 cook meals at home? \_\_\_\_\_ grocery shop? \_\_\_\_\_

Do you normally eat alone or with friends/family? \_\_\_\_\_

Where do your grocery shop? \_\_\_\_\_

What is your weekly budget? \_\_\_\_\_ Do you read food labels?  Y  N

What is your favorite meal (list up to 3)? \_\_\_\_\_

What are your favorite restaurants? \_\_\_\_\_



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What 3 foods could you never give up?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What 3 foods do you refuse to eat?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_ Foods you crave? \_\_\_\_\_

Do you drink coffee?  Y  N how much? \_\_\_\_\_ Sodas?  Y  N how much? \_\_\_\_\_

Do you have any food allergies/sensitivities (specify)?  Y  N List: \_\_\_\_\_

What are your allergy symptoms?

Have you tried any popular diets?  Y  N Which ones and for how long? \_\_\_\_\_

What was your experience? \_\_\_\_\_

What is your present diet:  vegetarian  vegan  gluten free  
 dairy free  kosher  other? \_\_\_\_\_

Are you pleased with your present diet?  Y  N What would you like to change? \_\_\_\_\_  
 \_\_\_\_\_ Have you tried to make these changes?  Y  N

What influences your food choices:

Taste  Nutrition  Price  Convenience  Family Members  Friends

How often do you have a bowel movement? \_\_\_\_\_ List any problems or issues? \_\_\_\_\_

Eating Patterns: (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> eat too much        | <input type="checkbox"/> eat too little     | <input type="checkbox"/> forget to eat       |
| <input type="checkbox"/> emotional eater     | <input type="checkbox"/> eat out of boredom | <input type="checkbox"/> hungry all the time |
| <input type="checkbox"/> late night snacking | <input type="checkbox"/> fast eater         | <input type="checkbox"/> eat in the car      |
| <input type="checkbox"/> poor choices        | <input type="checkbox"/> healthy choices    | <input type="checkbox"/> no joy in eating    |



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What do you consider healthy food choices? \_\_\_\_\_

What do you consider poor food choices? \_\_\_\_\_

Do you consume, or have exposure to the following, explain and include frequency:

Item	Description (i.e. past, current, specific type)	Reaction (i.e. headache, skin rash, muscle/joint soreness, GI distress)	Servings per day/week
Artificial sweeteners			
Soy products			
MSG			
Dairy			
Eggs			
Nuts/seeds			
Alcohol			
Fast foods			
Sweets/desserts			
Fried foods			
Coffee / Black tea			
Soda / diet soda			
Fruit juice or fruit drinks			
Bread/pasta (refined)			
Whole grains			
Red meat			
Poultry			
Pork			
Seafood			
Beans/legumes			
Vegetables			
Whole fruits			
Water			
Other:			



Supplements now/in the recent past (name, dose, for how long, reason taking, benefits/side effects):

Name/dose/duration	Reason/benefits/side effects

**Women Only:** Check all that apply.

- Perimenopausal     
  Menopausal     
  Regular periods     
  Irregular periods  
 Pregnant (how many months? \_\_\_\_\_)

Do you suffer from PMS?  Y  N If yes, please describe \_\_\_\_\_

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Please list any other additional information that you feel would be helpful:

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**CLIENT AGREEMENT AND RELEASE**

I, \_\_\_\_\_, understand that Amy Rizzotto, Sole Member of MOARyoga LLC (DBA “MOARfit”) will provide me with professional nutritional evaluation, coaching, and support for the purpose of enhancing health. I understand that this evaluation, coaching and support is not intended as a diagnosis, treatment, prescription or cure for any disease, mental or physical, and is not intended as a substitute for regular medical care. No medical procedures are performed and no medications are or will be prescribed through Amy.

I understand that Amy Rizzotto is a Certified Sports Nutrition Coach and has completed the online Sports Nutrition and Performance program through Washington State University. I agree to pay Amy’s rates which are outlined in her fee schedule. “MOARfit” does not accept health care insurance.

I have informed Amy Rizzotto of all my known physical and medical conditions, as well as any medications and supplements I am taking and will keep Amy informed of any changes.

**This agreement is being signed voluntarily and not under duress of any kind.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_