



Nutrition Client Goals Form

Please answer the following questions as thoroughly as possible. Leave blank if they do not apply. This will help me support your needs to the best of my abilities.

Date:

Full Name:

Date of birth:

PLEASE DESCRIBE YOUR REASONS FOR SEEKING NUTRITION GUIDANCE FROM A HEALTHY LIFE:

WHAT ARE YOUR 3 CHIEF COMPLAINTS:

WHAT IS YOUR PRIMARY HEALTH GOAL:

WHAT HAS STOPPED YOU FROM MEETING YOUR GOAL IN THE PAST:

ON A SCALE OF 1-10, PLEASE WRITE A NUMBER FOR HOW IMPORTANT YOUR HEALTH GOALS ARE (10 being most important) AND ALSO A NUMBER FOR HOW WILLING YOU ARE TO CHANGE YOUR DIET AND LIFESTYLE TO MEET THOSE GOALS (10 being totally willing and committed).