**CLIENT CONSULTATION INTERVIEW FORM**

Name: Date:

Date of birth: Email:

Mobile No:

*Lifestyle and Physical Activity –*

* **What is your occupation?**
* **How do you travel to and from work?**
* **Describe your activity levels within your occupation**
* **Describe your activity levels outside of your occupation**
* **Are you engaging in any physical activity at present? (Gym, running, sports club etc)**
* **How would you rate your current level of fitness?**

⬜️Unfit ⬜️Moderately fit ⬜️Trained ⬜️Highly trained

* **What are your exercise preferences?**
* **When are you available to engage in your exercise programme? (Days and times, 121 sessions and independent workouts)**
* **What are your barriers to exercise? (What gets in the way)**
* **What will motivate you to participate in your exercise programme?**

*Dietary Habits –*

* **How many meals, including snacks, do you eat in a typical day?**

1 2 3 4 5 6+

* **Do you eat breakfast regularly? If yes, at what time?**
* **What is generally your largest meal of the day?**
* **How long after your last meal do you go to sleep?**
* **How many glasses of water do you drink in a typical day?**

1 2 3 4 5 6 7 8+

* **What would you estimate to be your average daily calorie intake?**

<1000 1000-1500 1500-2000 2000-2500 2500-3000 3000+