



Personal Fitness Instruction Inc.
• Personal Training • Nutritional Consulting

1516 - 17th Avenue SW
Calgary, Alberta

TEL: 403-244-9059
FAX: 403-228-4348

EMAIL: oneononefitness@shaw.ca
WEB: oneononefitness.ca

Nutrition Summary

Date:
Client Name:
Age:
Occupation:
Present Weight:

Phone #:
Fax #:
E-mail:
Height:

Any weight fluctuations over the past two years?
Any known medical conditions?
Do you have any food allergies or food intolerances?
Do you follow a vegetarian diet? Yes No
If yes, what type of vegetarian are you? Lacto-ovo Vegan
Other? Please provide details
When you reflect upon your nutritional habits, where do you feel that you could improve further?

Have you tried other diet programs before coming to One on One?
If so, when and what type of nutritional program?
How would you describe your nutrition knowledge? Poor Average Excellent
How often per week do you eat: Breakfast Lunch Dinner
Do you have snacks, and if so, when?
Which meal(s) would you eat out and how often? Breakfast Lunch Dinner
How many cups of coffee tea do you drink per day?
How many soft drinks do you drink per day?
How many alcoholic beverages do you drink per week?
How many fruit and vegetable servings do you eat per day?
How many 8oz glasses of water do you drink per day?

Please check any of the following issues that you would like to address with our personal nutrition consultant during your visit. This will enable her to customize your information more effectively. Prior to your visit, we will provide you with a food journal to record your nutrient intake.

- Weight Loss
Weight gain
How to reduce your fat intake
Increased knowledge of protein, fats and carbohydrates (roles they play/ sources)
How to balance my diet
Support / Motivation
Recipe make-overs
Sports specific nutrition
Vegetarian meals
Medical reasons
Strategies for dining out
How to cook for one
Other

COMMENTS: