

# Wellness Profile



NutritionClub

## Personal Info

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted? Mobile  Email

## Body and Wellness Goals

What are your current body and wellness goals?

Weight Loss  Increase Energy  Improved Sports Performance

Tone Up/Drop Body Fat  Increase Muscle Mass  Improve Health & Wellness

Other goals:

## Share Our Free Wellness Evaluation

You can nominate 3 people who are looking to get healthier to receive a free Wellness Evaluation (with their consent)

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Health & Nutrition Analysis

Time getting up: \_\_\_\_\_ Time going to bed: \_\_\_\_\_

Do you have breakfast every morning? YES / NO What Time: \_\_\_\_\_

What do you eat for breakfast: \_\_\_\_\_

How much water do you drink on average per day? \_\_\_\_\_

other drinks? (Juices, soft drinks, energy drinks) \_\_\_\_\_

Do you snack in between meals? \_\_\_\_\_

Daily servings of fruits & vegetables you eat per day? \_\_\_\_\_

What time of the day you feel less energy? \_\_\_\_\_

How often do you exercise per week? \_\_\_\_\_

Do you tend to overeat in the evening time? \_\_\_\_\_

What is your biggest challenge when it comes to food: \_\_\_\_\_

How much alcohol do you drink per week? \_\_\_\_\_

How much money do you spend on food daily? \_\_\_\_\_

## Eat For Free

Would you like to have your breakfast or lunch for free?

Yes  More Info  No