



NEW CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it to me as soon as possible!

I will complete your plan within 2-3 business days (or less)!

Interested in:

- ☐ 6-Week Customized Nutrition/Meal Plan - \$125
 - ☐ Macro Calculation Only - \$75
- ☐ 6-Week Online Training/Coaching Only - \$150
- ☐ **BUNDLE:** 6-Week Customized Nutrition/Meal Plan + Online Training-\$225 (Reg:\$275)
- ☐ **BUNDLE:** Customized MACRO Calculation + 6-Week Online Training-\$150 (Reg:\$225)

General Information

Today's Date: _____ Your Name: _____

Did anyone refer you to me? _____

Gender: _____ Age: _____

Height: _____ Current Weight: _____

Goal Weight: _____ Waist Measurement: _____ Hip Measurement: _____

*Please fill out attached Assessment sheet also.

Main goals for your body? _____

How many days per week do you currently exercise? _____

What type of exercise(s) are you currently engaged in?: _____

Why do you want to start a Workout/Nutrition Regimen? _____

PLEASE COMPLETE THE FOLLOWING FOR THE ONLINE TRAINING:

What days will you be doing the workouts I provide for you?: _____

Do you have access to a gym or will you be working out in a home gym?: _____

If a home gym, what type of equipment do you have?: _____

PLEASE COMPLETE THE FOLLOWING FOR MEAL PLANNING & MACRO CALCULATION:

How much food are you currently eating per day? Please provide an estimate of how many calories you currently consume: _____

Do you have any allergies to foods OR dislikes that I need to avoid in your meal plan?

Are you Gluten or Dairy Intolerant? _____

Do you feel that you currently eat too much, too little, or enough? _____

Is there anything about your eating habits that I need to be aware of?

Do you take any supplements &/or prescription medications? _____ If yes, Please list what you currently take:

Do you have an active or inactive lifestyle due to your career? _____

What days do your workout? _____

What is your lifestyle like? _____

Is there anything else you would like me to know about you? _____

*Please take five photos of your body and send them to me via txt or email. The photos will be kept private. I request that you send a front and back photo, in a relaxed pose & the same in a "flexing" phase. The last photo is a side view with arm extended back a bit. Please wear a swimming suit or shorts/bra. My phone number is listed below for texting.

IMPORTANT INFO:




AFTER YOU RETURN THE QUESTIONNAIRE TO ME, I WILL HAVE YOUR PROGRAM TO YOU WITHIN 2 BUSINESS DAYS. THANK YOU FOR YOUR PATIENCE!



Sotera Chelini

Initial Body Composition Assessment (Women)

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Skinfolds			Girths		
Site		Measurements (mm)	Site		Measurements (cm)
Abdominal skinfold (mm)		1:	Neck Girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Triceps skinfold (mm)		1:	Shoulder girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Chest skinfold (mm)		1:	Chest girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Midaxillary skinfold (mm)		1:	Upper arm girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Subscapular skinfold (mm)		1:	Waist girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Suprailiac skinfold (mm)		1:	Hip girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Thigh skinfold (mm)		1:	Thigh girth (cm)		1:
		2:			2:
		3:			3:
		Mean:			Mean:
Sum of mean skinfolds (mm) =			Calf girth (cm)		1:
Body fat % (See appendix A for calculations) =					2:
					3:
					Mean:

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