



Client Information Form

Name: _____ Email: _____

Phone number(s): Home: _____ Mobile: _____

Home Address: _____

Mailing Address (if different from home address): _____

Preferred Contact Method: Email Phone

This form is a tool to help both of us gain a clear understanding of:

- What is currently working for you surrounding food/diet/nutrition
- What your health goals are
- How I might be able help and support you and your family.

Please be as detailed as possible and share anything you think is relevant. If a question does not apply to you, you can leave it blank. This is simply our starting point and is meant to be as unique as you are. **There are no wrong answers.**

1. How would you describe your current style of eating.

Do you: Eat out often? Eat a special diet (Check all that apply)

Explain:

2. Do you wish you had more confidence in the kitchen?

Explain:

3. Are you: Intrigued or interested in a plant-based diet? Too busy or don't like to cook?

Explain:

Name: _____

4. Please list an example of what you eat on a normal day and note where/what you might like to make changes.

Explain:

5. Do you have any known or suspected food sensitivities or allergies? If so, are you currently avoiding these foods?

Explain:

6. Do you have any foods that you do not like or won't eat?

Explain:

7. Do you have any favorite foods or ingredients?

Explain:

8. Do you have any current health concerns or hereditary conditions you are trying to cure/avoid?

Explain:

9. Where have you found the biggest struggles (if any) with eating more healthfully?

Explain:

10. What are your biggest fears about limiting meat and dairy from your diet?

Explain:

Thank you for filling out the form. I look forward to working with you on your plant-based journey to a healthier, happier you!