

Client Name

Nutrition + Wellness Profile

Please fill out this form to give us a snapshot of your eating habits/lifestyle

I usually eat:	Every Day	Almost Every Day	3-4 Times a Week	Once/Twice a Week	Almost Never	Never
Breakfast						
Lunch						
Dinner						
Snacks						
Vegetables – Leafy Green						
Yellow or Orange						
Fresh Fruit						
Cheese or Yogurt						
Eggs						
Red Meat						
Fish						
Chicken						
Beans, dried peas, lentils						
Tofu or Tempeh						
Fermented Foods						
Nuts, Peanut Butter, Tahini						
Yogurt						
Whole Grains						
Candy, Cookies, Cakes						
Smoothies						
Coffee/Caffeinated Drinks						
Soda						
Juice						
Milk						
What are your biggest stressors?						
What type of exercise do you do and how often?						
How many hours of sleep do you get on average per night?						
Do you buy organic produce and meats?						
What are your biggest challenges around eating healthy?						
Do you have any dietary restrictions?						
What supplements are you taking?						
What would you most like to get out a Wellness Meeting?						