Please fill this out and email file (or copy and paste) to tim@tim-e-fitness.com

**New Client Questionnaire**

Date of Birth :

Height :

Weight :

Occupation :

Specific Goals :

Current Diet (example of a days’ food/drink intake including approx. calories if you know them) :

Approx. amount of alcohol consumed per week :

Current Training :

Current Supplements (if any) :

Injuries and exercises they effect:

Any other conditions that could affect your ability to exercise:

Food allergies/disliked:

Foods that you particularly like (the healthier the better!):

How often can you eat during the day, is every three hours or so possible at work?

Can you heat food at your work?

Are you a member of a gym / going to join a gym?

Do you have any fitness equipment available to you at home?

Preferred cardio training method (i.e. run/swim/rowing etc etc):

Preferred days of the week to have rest days:

What factors would you say prevent you from exercising/eating healthily more frequently?

How did you hear about tim-e-fitness?

What date would you like to officially start your plan and support?

Have you ever tried any other diet and/or exercise plans? If so why do you feel they worked or didn’t work for you?

Any other comments/suggestions :

IMPORTANT: ONCE PAYMENT IS MADE AND YOUR PERSONALISED PLAN IS WRITTEN, THERE WILL BE NO REFUNDS GIVEN UNDER ANY CIRCUMSTANCES.