



Hawk Nutrition, LLC
"Helping You Fly Away From Diet Culture"

New Client Information Form

Name _____ Age _____ Date of Birth _____

Address _____

Phone Number _____ Email address _____

Preferred Pronouns _____

Occupation _____

Height _____

(If this section makes you uncomfortable (or any section), you can defer and we can discuss during session)

Approximate Current Weight _____

Weight History _____

Medical
Issues/Diagnoses: _____



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Medications (both over the counter and prescribed) _____

Food Allergies _____

Food Intolerances _____

How do you feel about your current relationship with food?

How do you feel about your current relationship with your body? _____



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What does your current relationship to movement or exercise look like? _____

Please describe an example of what your eating may look like in a day. (Do you eat at certain times? Meals? Snacks?)

What do you hope to get out of our work together? _____



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