

2009

Fitness/Nutrition Training: New Client Information



TAB Massage and Fitness, LLC
5/5/2009



●TAB Massage & Fitness●

Introduction:

Future client, thank you so much for stopping by! My name is Tricia Bailey, I am a Certified Fitness/Nutrition Coach and a Nationally Certified Massage Therapist. In addition to the aforementioned I am a NPC Figure Competitor who made her debut in October of 2008. Fitness is my passion in life, and my purpose is to aid people in developing healthy eating and exercise habits, changing their bodies and leading you to a "Happier, Healthier, You! Whether you have 10 pounds to lose or 100+ pounds I would love to be your guide to fitness success!

What is On-line Training:*

Basically my program is a cost effective way for me to aid you in achieving your fitness goals. One-on-one personal training can be very expensive and inconvenient. This method is my way of offering my professional guidance and expertise to you at a fraction of the cost, and no limitations of where you live. With online personal training, you provide me with all the pertinent information about you that I need, and I provide you with workouts, nutrition guidance and meal plans. Continued online support for 8 weeks will also be included, consisting of nutrition updates based on body changes and weekly check-ins for weight and body measurements. I have been a leader in the Health and Wellness field for over 6 years and during that time I have aided many people to not only lose weight but to learn how to make healthy eating choices in order to achieve their ideal physiques. In the process of achieving your fitness goals you will also experience positive changes in your life including improved health, improved self confidence, more energy, better sleep etc.

What I Need From You:

Commitment**: You must be committed to making positive and healthy lifestyle changes in order to transform your body. This program is best if you really and truly are ready to start making the necessary changes to better yourself. You and only you are responsible for the eating and exercise choices that you make on a regular basis.

I will also need statistics such as age, height, current weight, your overall goals, your current workout program (if any), current diet, what type of equipment you have available to you (gym or no gym), current pictures. All of this will be information will be filled out on the Fitness and Nutrition Intake form. There will be some personal questions that may be asked. Also, any medication, injuries, or surgeries that you may have had will need to be disclosed in order to make sure proper guidance is put forth.



●TAB Massage & Fitness●

Who Is This Program For:

I specialize in weight loss programs and can work with people looking to lose anywhere from five pounds to 100 or more pounds. Each program is tailored to the individual based on goals. It is not recommended that 2 different people with different goals and different body types utilize the same program. Each body adapts and works differently, therefore creating the need for a customer program.

- **Athlete:** I will create a program designed to help catapult you to new heights in your sporting lifestyle, whether you are high school athlete looking to make varsity first string or an avid recreational sports player just looking to hone their skills
- **Health Enthusiast:** I will create a program designed to get your body operating like a well oiled machine. By formulating a proper nutritional diet and supplementation protocol, we will achieve lower blood pressure, lower cholesterol, control your weight, and increase the body's overall health.
- **Gym Rat:** I will create the perfect workout routine for what your goals are. Whether you want to bulk up, cut down, or just plain feel good, your program will keep you working hard and never going stale.
- **Competitors:** I will work with competitors who are interested in competing in the future, to help you with diet and training routines as well as share some of the secrets to my success. At this time I do not offer a full competition prep program.

What You Receive:

- **Training Program:** Custom tailored for use at home or gym
- **Nutrition Guidance and/or Meal Plans:** Formulated to work specifically for your body and in conjunction with your Training Program
- **8 weeks of email support from Tricia:** Consisting of weekly weigh-ins, and any questions or support needed

*When you sign up for one of my online training programs you will also have access to a huge exercise library so that if you ever have any questions about how to do a particular exercise, you can just quickly look it up. You'll also have access to a wide array of valuable fitness and nutrition articles, videos, audio, exercise demos, recipes, nutrition information, online fitness calculators and much more

**TAB Massage and Fitness is not to be held accountable for unsuccessful programs. Your success is dependent upon your drive, determination, and willingness to change. We simply provide the tools, and answers to help you in your transformation. Please make sure that you are willing to devote time to your goals. These programs require persistence and sacrifices and are not intended for individuals who cannot give 110%.



•TAB Massage & Fitness•

Fitness Training / Nutritional Counseling Intake Form

Name:

Phone: ()

DOB:

Email:

Referred by:

Occupation:

Gender: M or F

Please take a moment to carefully fill out the information below. The more detailed and accurate this form is the better I can detail your Nutritional Program for you.

List any current and previous health conditions you have/ have had and family history of health conditions:



•TAB Massage & Fitness•

List Current Medications and/or Supplements that you take:

Known Allergies:

Activity Level: (Frequency and intensity of exercise, hobbies, include work activity also)



•TAB Massage & Fitness•

Take me through a day in your life (include wake time, meal times, foods typically eaten at meals, work hours, kid activities, sleep time and anything else you want me to know.)





•TAB Massage & Fitness•

Your Diet Cemetery (Diets that you have done and your experience with them):

Do you smoke?

If yes, how much?

Do you drink?

If yes, how much?

How much water do you drink in a day?

Partner/Spouse Health Habits:



•TAB Massage & Fitness•

Does your family support your decision of changing your habits for good? What positive support do you have? Are you willing to be dedicated, determined and make sacrifices to make life long health and diet changes?

List your access to exercise equipment. Such as gyms, home equipment. This will help in formulating your program with the appropriate exercises.



•TAB Massage & Fitness•

Your Goals:



I understand that all the information regarding my health conditions and family history as stated is true. Failure to give adequate and/or false information may be jeopardizing my health and the ability for the Nutritionist to give me sound nutritional advice. This does not take place of medical advice nor are nutritionists qualified to give medical advice, diagnose or treat illnesses and nothing said in nutritional counseling should be taken as such. All diet programs should get consent from a medical doctor.

Signature: _____ Date: _____