

**Champions Choice Body Sculpting
Lifestyle Habit Change Coaching**

Mary Vance

Text or Call: 517-304-8066

www.maryvancelifestyle.com

INTAKE FORM

Thank you for your OPEN MIND regarding your POTENTIAL FOR CHANGE!

Name:

Birthdate with year:

Date:

Mailing address:

Email Address:

Phone number:

- 1. What are you as an individual desiring to gain from receiving nutritional guidance and lifestyle coaching? Your desires dictate the plan. Please be specific and HONEST.**

Examples: I desire to build lean mass. I desire to have a lower body fat percentage. I need blood sugar regulation. I need help with pre-surgery preparation or post-surgery nutritional guidance. I desire increased energy. I desire improved athletic performance. I would like a guided sugar cleanse or detoxification program. I need more brain power. I just want to feel better.

- 2. Do you have any diagnosed allergies or sensitivities to foods? If yes, please list the foods.**

- 3. Do you have any foods that give you any problems although you do not have a diagnosis?**

Examples: Dairy gives me gas. Strawberries give me a rash. Eggs give me a stomach ache. Bread makes me feel bloated. I tend to overeat chips and cookies.

If yes, please list the foods.

- 4. Do you have any health concerns that you want to share with me that may affect your dietary needs?**

Examples: Diabetes, Pregnancy, Renal dysfunction, Cholesterol concerns, History of eating disorders, Mood swings, etc. You may also include any blood work or specialized test results.

- 5. What is your current physical activity and/or training schedule level?**

Please attach a 7-day training/exertion schedule. This is mandatory.

Example:

Monday-Friday : I walk 30 minutes at lunch. Saturday: 1 hour yoga. Sunday: 1 hour gym

- 6. How many hours of sleep do you get per night on average?**

- 7. How much water in liters or ounces do you drink per day?**

- 8. Include a 3 consecutive day journal of the foods you are currently eating. Include the timing of your meals. Include current daily water and beverage intake. Include vitamins, supplements and pre/post workout nutrition as well. This is easy. Track everything that goes in your mouth for 3 days. AND JUST DO YOUR BEST. Do not worry if it's not perfect.**

This is Mandatory. We will not have our initial meeting without this information submitted prior to the meeting.

(Some people take pictures of everything they eat right before they ingest it throughout the day and then write it up in the evening. I prefer you use myfitnesspal or other food tracking app. from your phone or computer to log the data, however, I will accept a handwritten format.)

9. Please fill out this page of your favorite foods.

List your 5 favorite Proteins:

(Examples: eggs, red meats, fish, soy, poultry, shakes, bars, plant based, etc)

List your 5 favorite Fats :

(Examples: butter, bacon, oils, nuts, avocado, coconut oil, chocolate, nut butters, dairy, etc)

List your 5 favorite fruit Carbohydrates:

List your 5 favorite non-starchy vegetable Carbohydrates:

(Examples: broccoli, peppers, spinach, lettuce, asparagus, tomatoes, greens, etc)

List your 5 favorite starchy vegetable Carbohydrates:

(Examples: sweet potato, white potatoes, corn, peas, root vegetables, legumes , etc)

List your 5 favorite starchy grain Carbohydrates:

(Examples: corn, rice, oats, pasta, quinoa, bread, barley, etc)

List your 5 favorite beverages:

List your 5 favorite sugary treats or “junk” foods:

List 5 favorite restaurants or fast food restaurants:

If you are requesting this program to be considered for sponsorship. It is a \$1575.00 program with a consultation and 12 weeks of coaching. Please state your desire for sponsorship and a few paragraphs for the reasons you'd like to be sponsored. I submit these applications to potential sponsors. Be aware that by completing this section, your application will be shown to individuals that may be willing and desiring to sponsor you.

CHAMPIONS CHOICE BODY SCULPTING, LLC
Lifestyle Habit Change Coaching Agreement

I, _____, am entering into this Coaching Program of my own free will. My specific focus of intent and major goal/goals for entering into this agreement is/are to improve the quality of my life by:

I will be honest and gentle with myself as I make the necessary changes in my thinking and in my daily actions in order to reach my goals. I accept that in order to improve my overall health consciousness I need assistance, guidance, knowledge and discipline. I will follow through with my individualized plan on a daily, weekly and monthly basis. I will honor my monetary agreements with Champions Choice Body Sculpting, LLC. I acknowledge that this is not a medical program or weight loss program. I am aware that this is a Lifestyle Change Coaching Program offered by Mary Vance to assist me in reaching my short term and long term goals that are in alignment with my desire for greater health and well -being.

Name

Include parent or guardian signature as well if under age 18.

Date

Witness Name : Mary Vance

Date