



## **Personal Meal Plan Information**

Name (ensure correct spelling):

Age:

Sex:

Goal:

Weight:

Body Fat %:

What date do you want to achieve your goal by? (ASAP not an option)

Have you been successful in the past? If so why? If not, why not?

How long have you been exercising consistently?

How many days per week will you be exercising?

Will you be exercising with a Personal Trainer?

If yes, how many days per week?

If yes, what is the name of the Personal Trainer you will be working with?

Give a short description of your exercise frequency, intensity, duration and type.

Briefly describe your eating and exercise history.

How long have you been at your current weight/BF%/size?

What healthy foods do you enjoy?

What healthy foods do you want omitted from your meal plan?

Do you have any food allergies or reactions to foods?

Do you have any metabolic condition(s) that may be made worse by following a meal plan?

List any medical conditions:

Do you have a job or activity that could keep you from eating healthy and frequently? If yes, explain.

Trainer should promptly email this completed form to: [jmeacham@precisionbodydesigns.com](mailto:jmeacham@precisionbodydesigns.com)

Trainer may also call information in by dialing: (985) 312-9407

***Client should receive their Personal Meal Plan within 7 days, typically 2-3 days.***