



CLIENT ASSESSMENT SHEET

Full Name: _____ DOB: _____ Age: _____ BF%: _____

Email: _____ Body Weight: _____ Height: _____

Address: _____ Phone: _____

How many of days per week do you currently exercise: _____ Cardio: _____ Duration: _____

Write an example of everything you ate and drank yesterday & the times:

Your favorite meal of the day? _____ Your least favorite meal of the day? _____

Do you drink any Protein Shakes? YES or NO What is the Brand & the flavor: _____

What meal of the day would you like to drink a protein shake? _____

3 Favorite Proteins: 1. _____ 2. _____ 3. _____

3 Favorite Carbs: 1. _____ 2. _____ 3. _____

3 Favorite Fruits: 1. _____ 2. _____ 3. _____

3 Favorite Veggie: 1. _____ 2. _____ 3. _____

3 Favorite Fats: 1. _____ 2. _____ 3. _____

3 Cheat Foods: 1. _____ 2. _____ 3. _____

3 Healthy Snacks: 1. _____ 2. _____ 3. _____

List Any Foods that you are allergic to? _____

***Authorization: x** _____ **Date:** _____

Service: _____ + _____ + _____ + _____ **Total (plus tax) = \$** _____

*Once your 3M,6M or 12M Plan has expired you will automatically be billed monthly for continued use of service & to maintain your stored fitness data.
Mail written notice to cancel service with your signature to the business that is providing you DIETPROS service.

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