Please note that application or receipt of application does not guarantee acceptance into the program. Being that client spots are limited, I try to choose those I feel are the best fit for the program. In the case where due to budget, specialized goals, or diet or training limitations KWF is not the right fit, every effort will be made to get you connected with a coach who suits those needs.

**ALL INFORMATION IS REQUIRED – DO NOT SKIP ANY QUESTIONS**

**CLIENT BIO & CONTACT:**

Name: Country: City/State:

**Email** Address: Phone Number:

Date of Birth: Current Weight (**LBS**): Height (FEET):

* How would you describe what you look like right now? How happy are you with it?
* What is the heaviest weight you have ever been (**do not** include pregnancy weight)? When was this?
* What is the lightest you have ever been? When was this?
* How did you hear about this program? :
  + - *Instagram (Please Name The Account):*
    - *Facebook (Please Name The Account):*
    - *Website (Which website?):*
    - *Current/Former Client (Please include their name):*
    - *Other:*
* Do you work or go to school? What is your job or area of study?
* How many **total** hours a week do you work and go to school?

**DIET & NUTRITION HISTORY**

* Would you describe yourself as actively dieting or attempting to lose weight more often than not in recent months/years (*Please note: By this I do not mean simply following a set diet or healthier eating plan. But times during which you intentionally either restricted food/calories and/or utilized cardio in an effort to be smaller, leaner or lighter in the short term*)?
* Are you currently actively dieting (as described above), or trying to lose weight?
* How long ago was your last diet? What methods did you use and what were your results? Why didn’t it work for you long term?
* Are you now or have you ever sought treatment for disordered eating of any kind? [Bulimia, Anorexia, Binge Eating, etc]
* How often do you eat out or get take out, or food you do not cook yourself?
* How often do you consume alcohol?
* Do you tend to go out with friends/spouse/family often? If so are meals usually involved?
* Do you have any vacations planned in the next 12 weeks?
* Are you a smoker?
* Please list all *non-prescription* supplements you are currently taking including but not limited to proteins, meal replacements, vitamins, etc:
* Do you have any dietary restrictions? *Vegetarian, Vegan, Gluten Intolerance, Diabetic / Pre Diabetic, Religious, Lactose Intolerance, or any other* – please state and give as much background as possible.
* What is your daily caffeine intake like? [Coffee, energy drinks, preworkout supplements, pills, etc.]
* Please list your total calories (or macros if known) for the past 5-7 days

**(Note that without this information, your application will not yet be processed. As described on the** [**website**](http://www.katiewilsonfitness.com/apply)**, you must include this information when applying. A general description of foods or meals will not be accepted in it’s place. If you are not already tracking your diet, please delay sending this application for 5-7 days until you have tracked this information):**

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL CALORIES | TOTAL PROTEIN | TOTAL CARBS | TOTAL FATS |
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**WORKOUTS, TRAINING & HEALTH ASSESSMENT**

* How many years have you been weight training for?
* How would you describe your comfort level in the weight room?
* Have you worked with a personal trainer or other online coaches in the past? If so why did or didn’t it work, or what aspects of that program or coaching style are you hoping to do differently this time around?
* Does your current schedule and workload allow you to commit to 5 days per week of weight training and/or cardio?
* How much cardio are you currently doing? *[Number of days per week, duration, and intensity (For example: 3, 15 minute jogging sessions, 1 bootcamp class of 1 hour)]:*
* Please describe your current weight training routine *(or you may attach your current program*) Including the number of sessions per week, bodyparts, rep ranges and sets:
* Do you have any past or present injuries, physical disabilities, or doctor recommended restrictions?

***All info below is private between you and I. It will never be shared publicly nor with others. It is only to help fully inform me of your mental and physical health history so as to be as beneficial to you as a coach as possible.***

* Please list any and all current prescription medications you are taking for both mental and physical health, as well as which conditions these are used to treat or manage:
* Have you taken any fat burners in the past 6-12 months? [If so please name them, as well as state the time and duration they were utilized for]
* Please let me know about all physical medical conditions even if they don’t require medication or directly relate to diet and training: (*For example: Diabetes, Autoimmune disorders, Arthritis, Hypothyroidism, Heart Conditions, PCOS, and any other conditions you may have and pertinent doctor’s information about your treatment or restrictions either dietary or physical.)*
* In the last 2 weeks, how much sleep have you averaged per night?
* Regardless of the amount, would you say you’re usually well rested or that you struggle with sleep regularly?
* WOMEN: Are you currently pregnant or have you had a child in the last 6 months?
* WOMEN: Are you and your spouse currently trying or expecting to try to get pregnant in the next 12 months?
* WOMEN: Are you currently breastfeeding?
* WOMEN: Is your monthly cycle currently regular and consistent?
* WOMEN: In the last year have you lost your cycle due to dieting or training at any point? If so when did it return?

**COMMITMENT & GOALS**

*THE FOLLOWING ARE THE MOST IMPORTANT QUESTIONS YOU WILL ANSWER. PLEASE GIVE FULL ANSWERS. NOT JUST A YES OR NO. REMEMBER- I ONLY WORK WITH THOSE READY AND WILLING TO COMMIT TO THEIR GOALS SO PLEASE USE THESE AS AN OPPORTUNITY TO TELL ME WHY YOU ARE AN IDEAL CANDIDATE.*

* What are the most motivating factors for you to lose weight and improve your physique?
* What does your ideal physique look like? [Feel free to include pictures or links]
* What do you anticipate could be the most likely factors to discourage you, tempt you to cheat or stray from the plan or deviate from your goals in any way?
* Do you feel like your relationship with the scale, food and or appearances is one that brings you regular stress or anxiety?
* The trainer-client relationship should be mutually beneficial, and the best way to go about this is by having 100% honesty. Are you willing to commit to this change long-term, keep an ongoing and honest dialogue with your trainer, for better or worse, and follow the programs and tools made available to you?

**CURRENT PICTURES**

Along with this application you **must** include 2-4 current pictures.

These are required for determining bodytype, assessing body composition, setting goals, and putting together an initial diet and workout plan. Please make sure they are clear and show you fully from head to knee or feet. They should be full front, full back, and at least one side. Bathing suit coverage is preferable in these photos, and they will be kept private and for the use of assessment only.

**WHERE TO GO FROM HERE…**

Return this questionnaire via email to [KATIEWILSONFITNESS@GMAIL.COM](mailto:KATIEWILSONFITNESS@GMAIL.COM) once you have completed it, either as a completed Word Document, or copied and pasted into an email with the same format**.**

Katie Wilson

*Katie Wilson Fitness*

**Intensity Is Everything, LLC**