



## CLIENT INFORMATION SHEET

### Instructions

Please complete this information sheet and provide all of the relevant personal information initially needed to evaluate your compatibility with our Silver and Strong System™ and admittance to our transformation program. Your answers to these questions are essential in order to allow us to see where you fit in our system and how we can optimize a fitness program for you. Please answer all questions in the most accurate manner possible while being as concise as possible.

### Disclaimer

Please recognize that it is your responsibility to work directly with your physician before, during and after seeking a fitness consultation to ensure that any program you undertake is appropriate given your current level of fitness and the status of your health, which only your physician can accurately determine. If you are accepted into our transformation program, you are responsible to obtain the approval of your doctor to participate in the program before beginning. If you choose to participate in our program without the prior consent of your physician, you agree to accept full responsibility for your decision.

### Basic Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. What is your age: \_\_\_\_\_

2. What is your date of birth: \_\_\_\_\_

3. What is your height? \_\_\_\_\_

4. What is your weight (measured as of this morning)? \_\_\_\_\_

5. Measurements:

✓ **Chest** (measured across the chest right at the top of the breasts): \_\_\_\_\_

✓ **Waist** (measured at the smallest part of your middle): \_\_\_\_\_

✓ **Hips** (measured on your hip bones/across the widest part of your booty): \_\_\_\_\_

✓ **Upper Right Thigh**: (measured across the widest part of your upper thigh): \_\_\_\_\_

6. What are your specific goals (rank these goals according to importance with 1 being the **most** important and 8 being the **least**)?

\_\_\_\_ Improved health

\_\_\_\_ Fat loss



- \_\_\_ Increased muscle mass
- \_\_\_ Increased strength
- \_\_\_ Increased mobility
- \_\_\_ Increased stamina/energy
- \_\_\_ Other: \_\_\_\_\_

7. Rate your ability in the following exercises (check the box that corresponds with your ability):

EXERCISE	ADVANCED	INTERMEDIATE	NOVICE	UNFAMILIAR
<b>COMPOUND MOVEMENTS:</b>				
Barbell Squat				
Barbell Deadlift				
Barbell Bench Press				
Barbell Shoulder Press				
Pull up				

8. Are you currently exercising regularly (at least 3x per week)?

YES - Please continue on to question 9.

NO - Please continue on to question 18.

9. If yes, how long have you been consistently doing so? \_\_\_\_\_

10. On the following chart, fill in which type of exercise you normally perform each day: resistance training (RT); HIIT workouts (HIIT); low-intensity cardio (Cardio); sport-specific workouts (SSW)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							

11. On the following chart, fill in your approximate workout duration for each day (in minutes).

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

12. Please write down your current exercise regimen in detail on a separate piece of paper/document and submit it along with this form (type it up or write it out for us). Please skip to question 14.



13. If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

YES - If you answered YES, how long ago was it, and how long did it last?

NO

**Lifestyle Information (Please either circle the appropriate answer or fill in the requested information, as applicable)**

14. What do you do for a living?	15. What is the activity level at your job? None   Moderate   High
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16. Does your job entail shift work? Y            N	17. If you follow a more regular schedule, when do you work? Days    Afternoons    Nights
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18. How often do you travel?

Rarely    Few times per year    Few times per month    Weekly

19. Please list the physical activities that you participate in outside of the gym and outside of work.

20. If you have any diagnosed health problems, list the condition(s).

21. If you are on any medications, please list them.

22. What additional therapies or interventions are being undertaken for the given health problem(s)?

23. If you have any injuries, please list them.



24. What additional therapies or interventions are being undertaken for the given injury(s)?

25. What is your usual sleep schedule?

26. How often do you grocery shop (number per week)?

27. How many meals do you eat in restaurants or fast-food places per week?

28. If you have any known food allergies, please list them below.

29. Are there any other foods to which you're particularly sensitive (i.e., which cause excessive gas, bloating, stuffiness, or congestion)?

30. If you're currently using any nutritional supplements, please list them (as well as the doses you're taking) below.

31. Please provide a Three-Day Dietary Record through the My Macros app. This app will be used as part of your program.

List your user name here and we will send a follow request so we can view your entries:

Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape two weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.

32. How long have you been eating in the manner recorded on your dietary record?

(If your answer is less than one month, please fill out your record according to your prior intake before this recent month.) In order to provide you with the best program for weight loss, we must



have an accurate picture of how you have been eating, in particular, on average, the number of calories you have previously been eating on a regular basis for at least the month prior to you filling out this application.

33. Do you currently meditate? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes", how often do you meditate and for how long?

34. if you have read any books on mindset, setting/changing habits, healthy eating, etc. that you felt were helpful, please list them here:

35. If there is any other information you think relevant to your program design, please share it with us below.

36. Please share your most frequent health, nutrition, or physique complaints and/or dissatisfaction.

37. Why did you decide to apply for this transformation program in particular?



38. Please include pictures of you in a bathing suit with three photos – one from the front, one from the side and one from the back. Please be sure to take the pictures in good light and include the full body, from the top of your head to the tip of your toes! You will be taking weekly check in pictures to memorialize your progress.

Thank you for taking the time to fill out this application. I know it took a bit of time, in particular, learning to use My Macros and logging your food; however, that skill is foundational to success in this transformation program.

Once your application has been reviewed in full, we will be in touch to let you know if we feel like you are a good fit for our program at this time and reach out regarding next steps.

Remember, you are not too old. It is not too late to transformation your body, your health, your outlook and your life to age in good health, with vibrancy and joy.

We look forward to communicating with you soon.

*Ilene Block*

Founder, Silver and Strong Fitness