



G Force Nutrition LLC

Initial Intake Form

Name	
Age	
Height	
Current Weight	
Body Fat % (if known)	
Medical hx: Do you have any health issues or complications?	
Do you have any food allergies?	
Do you take any medications?	
Any current/previous injuries?	
Any foods you dislike or will not eat?	
Have you ever tracked your calories/macros? If so, what are they currently?	
Do you drink caffeine? If so, what kind and how much daily?	

Do you regularly drink alcohol? If so, what kind and how many drinks per week?	
What do you do for a living? Do you work a desk job, manual labor, etc?	
Do you exercise? If so, what do you usually do and how many times a week?	
What are your goals?	
Tell me a little bit about yourself! 😊	

Please take me through a usual day of eating for you. Try to be as specific as possible and give amounts/types of food and drinks on a typical day for you.

Meals and Snacks	Notes
Meal/Snack 1	
Meal/Snack 2	
Meal/Snack 3	
Meal/Snack 4	
Meal/Snack 5	

By signing this form, I acknowledge that I have disclosed all medical and personal conditions/illnesses/issues to the best of my knowledge. I also understand that all medical and personal information disclosed will be kept confidential between me and G Force Nutrition LLC. I also understand that G Force Nutrition LLC is not responsible for any illness or injury acquired during my time working with G Force Nutrition LLC.

Signature: _____

Date: _____

