



## **PRELIMINARY INFORMATION**

### **Name & Tape Measurements**

Name:

Email:

City & Country:

Age:

Life Stage: Please Check One

A. Currently Menstruating

If you are currently menstruating, please answer these questions:

1. List the exact date of the First day of your most recent period.
2. List the exact date of the last day of your most recent period.

B. Perimenopause

C. Menopause

D. Post Menopause

Height : \_\_\_\_ Feet \_\_\_\_ Inches

Weight (lbs):

Waist (at the smallest point inches):

Hips (at the widest point, including your glutes inches):

Right Thigh (at the widest point and inches):

### **Pictures**

Please email me the following **three photos** of yourself in a bikini preferably in heels: front, side, and rear, with your feet together. Send these photos with your completed application.

*You should stand with good posture and in a good light against a plain background if possible. The entire body should be visible, and you will repeat these same photos every weekend for the duration of the program*

### **NUTRITION & TRAINING INFORMATION**

#### **Nutrition**

If you are using a macros or calorie tracking app please list three typical days protein, carbs, and fat and how many meals do you eat?

If you are not using an app please list a food log for three typical days.

How many times a day do you eat?

Do you have any dietary restrictions, and if so, what are they, (vegan, celiac, etc.)?

Are you able to control your nutrition at work?

Do you tend to eat more or less when you are under stress?

How much water do you drink in a day?

## **Training**

Note: If you cannot do an exercise with a barbell please use dumbbells, kettlebells or body weight.

Please upload a video of your deadlift from the floor or a Romanian deadlift Please upload a video of your squat, full range of motion

Please upload a video of your Pull Up, full range of motion (or whatever version of a pull-up or partial pull up that you can do)

Please upload a video of your Push-Up

Email me the videos with your completed application. Each video should be 30-seconds or less.

How often do you run for 20 minutes or more?

Do you have access to a fully equipped gym? If your gym closes due to COVID you will need to have a home gym. Please list below all of the fitness equipment you have access to in your home gym. Please be specific and list out exact amount of weights, kettlebells, bands, etc...

Are you able to workout for at least an 30 minutes to 1 hour per session?

Can you workout a minimum of three to four days per week or more?

**ADDITIONAL INFORMATION:**

Do you have any medical conditions we should be aware of, (hypothyroid, blood pressure, food allergies, etc.)? If you are on medication, please list them here:

Have you had any recent blood work done? If so, what are the results? Good, So-So, any red flags or highlights I should know about?

Do you have any addictions, disorders, or moodiness?

How would you rate your stress level from 1-10 (1 being low stress and 10 being high stress)?

How many hours of sleep do you get on average per night?

What do you do for a living, and how many hours a week do you work?

Do you have the support of your household?

## **Getting to Know You**

What are your goals, (be specific: waist size, how much weight do you want to lose, what do you want your body fat to be, performance goal etc.) How long do you think it will take to achieve your goals?

What is it about my coaching style that attracts you? What do you hope to achieve with working with me.

Transformation has many challenges. Have you ever been in pursuit of a goal in which you personally had to overcome challenges? How did you succeed?

We have a team Facebook group. What do you feel you bring to our group?

Please list any additional thoughts or feelings you have that I should know before your program begins.