

WHITNEY OWEN, LMT, CHC



CLIENT INTAKE FORM – Fill this out and return to whitney@whitneyowen.com

Client Name:

Date of intake:

Phone Number:

Age:

Email:

Gender:

Height:

Weight:

Goal Weight:

Reference this website for the next 2 questions:

<https://www.ketogains.com/2015/09/how-to-estimate-your-body-fat-percentage-bf/>

Your estimated current body fat %:

Your goal body fat %:

What is your favorite time of day and why?

Do you enjoy cooking/ meal prep?

Medications/Multi-vitamins/Supplements:

Goals:

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Have you been yoyo'ing with weight?

Do you have a white tongue? (can be a sign of Candida overgrowth, [Candida Clear](#) can help)

List all known health conditions:

Current Exercise level:

Occupation:

How many hours a week do you spend at work (approximately)?

What type of water do you drink? (city, well, bottled)

How many hours of sleep do you get at night typically?

What is your Typical diet:

-Breakfast/Coffee

-Lunch

-Snacks



-Dinner

-Dessert

-Drinks (alcohol/soda/juice/skim milk)

-Condiments/Sauces

What food cravings do you get? Be as specific as possible.

Allergies:

Biggest fears for starting a ketogenic lifestyle: