Capital Gainz Fitness LLC — Client Intake Questionnaire

IMPORTANT — DO NOT REMOVE ANY PART OF THIS QUESTIONNAIRE
Please allow 3 business days to receive your personalized program after completing the following:
✅ Bloodwork submission (if you have recent bloodwork, please send them along with this questionnaire)
✅ Recent Body Composition weigh-in

By filling out this form, you acknowledge that no refunds will be issued once your program begins.

Client Information

- Full Name: _____
- Age: _____ Height: _____ Weight: _____
- BMR: _____ Body Fat %: _____ Skeletal Muscle Mass: _____
- Location (City/State): _____

Goal Setting

- 1. What is your primary goal?
- 2. 1. What are your overall goals (fat loss, muscle gain, toning, performance, etc.)?
- 3. If competing, what division/show/date?

Nutrition Preferences

- 3. Which style of plan do you prefer? ☐ Macros ☐ Structured Meal Plan
- 4. Protein shakes (brand/flavor/how many per day): _____
- 5. Supplements (product, dosage, purpose): _____
- 6. Top 5 proteins: _____
- 7. Top 5 carbohydrates: _____
- 8. Favorite healthy fats: _____
- 9. Food allergies: _____
- 10. Foods you dislike/refuse to eat: _____

Lifestyle & Training Background

- 11. Training days per week: _____ Session length (minutes): _____
- 12. Current routine (training/cardio): _____
- 13. Cardio details (frequency/intensity): _____
- 14. Injuries or limitations: _____
- 15. Medical conditions or medications: _____
- 16. Activity level: ☐ Sedentary ☐ Lightly Active ☐ Moderate ☐ Very Active
- 17. Are you looking for:
- ☐ In-Person Training ☐ Online Coaching ☐ Both
- 18. Do you currently have a gym membership?
  ☐ Yes ☐ No
- If yes, which gym? _____
- If no, will you be working out at home?
  ☐ Yes ☐ No

Occupation & Daily Demands

- What is your current occupation/job?

Daily Habits

- 17. Sleep per night (hours): _____ Quality (1–10): _____
- 18. Stress level (1–10): _____
- 19. Barriers to consistency: _____

Nutrition Recall

- 20. List a full day of eating (foods, amounts, times) please be as detailed as possible:

Additional Information

- 21. Date of last bloodwork: _____
- 22. How did you hear about Capital Gainz Fitness? ☐ Instagram ☐ Facebook ☐ Referral ☐ Website ☐ Other
- 23. Additional notes: _____

Agreement

- By signing below, you confirm all information is accurate and agree that no refunds will be issued once your plan begins.
- Client Signature: _____ Date: _____

Capital Gainz Fitness
Coach: Heather Hundt, B.S. Nutrition, Certified Trainer
📞 (512) 317-8224

🌐 **Website:** www.capitalgainzfitness.net
📸 Instagram: @capital_gainz_fitness
📘 Facebook: Capital Gainz Fitness