

In order to undertake any service with Mac-Nutrition we ask all potential clients to complete the following Pre-Consultation Form, in detail, so we can get a better insight into you, your background and your goals.

Once completed, please email this form back to us at enquiries@Mac-Nutrition.com. We will endeavour to get back to you with our Service Brochure, which lists all of our services with associated costs within 3 – 5 working days. If required, we can also personally recommend a service based on your individual goals and budget...

YOUR PERSONAL DETAILS

Name:
Age:
Email:

Mobile/Landline:
Weight:
Height:

About you: (Lifestyle, Occupation, Illnesses, Dietary Needs – NOT your goals)

YOUR GOALS

What are your goals? (Please number goals in order of importance, 1 being most important)

Lose body-fat	
Build muscle	
Get stronger	
Get fitter	
Performance based	
Other	

Please expand on your goals: (Quantifying your targets/expectations/timescale/previous experiences)

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YOUR CURRENT DIET

How many meals per day do you currently eat on average?

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Do you eat very similar meals each day or are they more varied/erratic:
e.g. bought packaged goods etc
(Please expand)

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If you are able to, please write down a TYPICAL day's food and drink:

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

What is this typical day's eating trying to achieve?

Do you currently use any supplements or medications? (Please delete one) YES/NO

If YES, please list them with details? (Quantities, consumption, brands, etc)

Please list (with approximate dates) **any supplements and in particular, medications** (including antibiotics) **you have used in the last year:**

SUPPORT

**In very simple, practical terms, what is it that you need to do to achieve your goals?
i.e. what can we do for you?**

The different services we offer vary in terms of the level of support, time and client effort required. To better help advise you on the most appropriate and effective service for your individual goals, please indicate the budget most applicable to your current situation.

< £100

£100 - £200

£200 - £500

> £500

Please state your dietary requirements (i.e. any foods you can/will not eat):

YOUR CURRENT TRAINING / LEVEL OF EXERCISE

	AM			PM		
	Type	Duration	Speed/Distance /Volume	Type	Duration	Speed/Distance /Volume
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						

FEMALES ONLY

Please detail information relating to menstrual cycle length, frequency or if you are postmenopausal:

EXTRA INFORMATION

Have you previously sought dietary advice? (If so, please expand)

Do you own digital bathroom scales?

Do you own digital kitchen scales?

Where are you geographically based?

Do you have access to Skype/Facetime should your consultation need to be remote?

(Most of our nutritionists and dieticians work out of the Midlands, however, on occasions we may recommend you use one of our Mac-Nutrition approved practitioners based elsewhere if they are a specialist in your area of need)

How did you come across Mac-Nutrition? e.g. Newspaper, Magazine, TV, Google search, Personal referral etc (Please expand if possible)

If you used a search engine to find us, we would love to know what phrase you typed in that brought us up!

Would you be willing to provide a testimonial and/or before and after photos (if applicable) for the Mac-Nutrition website?

Thank you for taking the time to fill this in.

To start changing your life today, please return your filled in form to us at:
enquiries@mac-nutrition.com

We look forward to working with you!