Tell Us About You:

**Name:**

|  |
| --- |
|  |

**What is the main aim of your work with us?**

|  |
| --- |
|  |

**Please provide us with information regarding your hormonal health** (eg. date of onset of menses, dates of contraception if taken and type, any gaps in menstruation or changes to monthly cycle - shorter/longer. Or changes in regularity morning erectile function.)

|  |
| --- |
|  |

**Please let us know about any injuries over the last 3 years:**

|  |
| --- |
|  |

Nutrition:

**What does an average day of food look like for you? And how long have you been eating this way?**

|  |
| --- |
|  |

**Any allergies of food preferences?**

|  |
| --- |
|  |

**Are you taking any medications or supplements presently?**

|  |
| --- |
|  |

Exercise:

**Please can you provide an example of weekly training, giving information regarding, the time, duration and perceived exertion:**

|  |
| --- |
|  |

Anything Else You Feel Is Relevant For Us To Know:

**Please include any information you feel will benefit us about your relationship with food, exercise and your body. If necessary, please feel free to submit a separate document onto your account with further information.**

|  |
| --- |
|  |