

# Blissfully Lively

## Client Information Sheet Part 2

Are you currently exercising regularly {3x per week}?

List what exercise you complete {resistance training, cardio. etc.}:

What do you do for a living?:

What is the activity level at your job?:

None:

Moderate:

High:

When do you normally go to bed/ wake up?:

Do you have any known food allergies?

Are you currently taking any nutrition supplements, vitamins, etc? If yes, please list:

Please share your most frequent health, nutrition or physique complaints and or dissatisfactions:

