

HAPPY, HEALTHY + FIT PROFILE



REVIEW - RESET - REPLENISH - REVIVE

Name: City/State:

Age: Phone Number:

Height: Email Address:

Weight:

Goal Weight: Best Time/Day to Reach you:

Put an 'X' over the goal body you want:







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What do you do for a living? How many hours a week do you work?

On a scale of 1 to 10 (10 being the highest) how stressful is your professional life?

On a scale of 1 to 10 (10 being the highest) how stressful is your personal life?

Have you ever been hospitalized or had surgery? If YES, when and why?

Please list all known medical conditions you have:

ALLERGIES: Please list any medications or foods you are allergic to.

MEDICATIONS: Please list any medications you are currently taking regularly and as needed; Including over-the-counter medications.

Are you taking supplements? If so please list what kind, who manufactures it, and why you're taking it.

How many days a week you exercise? What do you do?

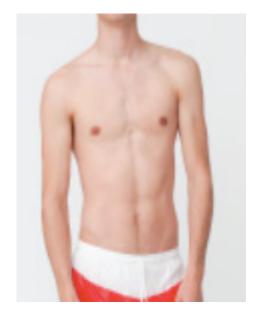
Cardio: (type/duration/times a week?)

Weight Training: (sets/reps/muscle groups/times a week?)

Is there anything else that is affecting your ability to be Happy, Healthy and Fit – that you need me to know?

What Gene Pool Are you Swimming in?

Put an 'x' over the body and all of the traits you most relate to





Very fast metabolism

High energy levels

Constantly moving

Have small underdeveloped muscles

Doesn't gain weight from eating high fat, high carb foods

Has trouble gaining weight

Finds it difficult to gain muscle mass

Naturally low body fat

Can eat a lot of sugar and not gain weight

Doesn't have a curvy body. There isn't a difference between waist, hips and chest measurements similar



Athletic, muscular body

Gains and loses fat easily

Builds lean muscle quickly

Muscular without exercise

Carbohydrates do not affect weight

Has a medium to fast metabolism

Loses fat easily when dieting and or exercising

Notices definition from after weight training a few times

Visibly defined muscular arms and legs

Average to low body fat percentage naturally

Needs smaller sizes when exercising even thought weight doesn't change or go down



Soft, Underdeveloped muscles

Gets 'bulky' from exercise

Gains weight quickly when eats sugar

Sugar and carbs cause noticeable fluctuations in cravings, hunger and mood

Loses weight with consistent cardio

Feels hungry within an hour of eating an apple

Loses weight on high protein diets

Finds it difficult to lose fat

Has a slow metabolism

Gains weight quickly once exercise or diet has stopped

Seems to hold onto excess fat even when eating less when compared to others

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How are you?

Please check all of the following that you can relate to:

O I drink coffee and energy drinks to wake up.	 I take at least 1 prescribed medication every day or have recently.
O I tend to carry fat in my tummy/thigh area.	 I eat when I'm emotional, stressed and/or bored.
O I feel stressed out. All. The. Time. O I find it difficult to lose weight, even when I eat healthy	O I feel depressed and/or anxious even if I take medication to treat it.
	O I get 6+ hours of solid sleep every night.
O I feel bloated even when I'm not getting my period	O I can lose weight, but it always comes back.
O 1 cry, having mini meltdowns over little things.	O I do well on low/no carb diets like Adkins.
O I eat red meat and/or pork a few times a week.	O My skin is dry I have signs of premature aging
O I break out on my face, chest, back and/or butt and I hate it!	O I feel like my mood swings between happy and crazed, regularly.
O I have problems getting (and staying!)	O My muscles feel weak and soft.
motivated. O I find it difficult to fall asleep and stay	O I have thin hair, eyebrows and/or eyelashes.
O I feel pain in my joints and/or muscles.	O I eat salty things like chips or hot sauce regular
I crave sweet and/or salty things.I've tried lots of diets and can't lose weight.	O I eat foods that come packaged in a box or bag.
O I eat corn: chips, tortillas, off the cob, etc.	O I feel deprived, angry and/or annoyed when I diet.
O I feel anxious and overwhelmed more than 50% of the time	O I drink alcohol a few times a week.
O I take birth control (pills, IUD, or the shot)	O I have dandruff and/or dry, itchy skin.
O I feel tired every afternoon	O I get heartburn.
O I have hypothyroidism, diabetes or high	O Leat dairy products.
triglycerides	O I drink regular and/or diet soda.
O I eat soy, including soy sauce, edamame, and tofu.	O I have dry cracked skin on my hands and feet.
O I get an energy surge late in the afternoon and find it hard to fall asleep	O I drink bottled or canned juices and drinks like Gatorade.
O I drink at least 4 (16 oz.) bottles of water	O When I go #2 it's either hard to get it out

or it looks like marbles.

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every day