



Welcome to Simply Healthy Life Coaching, a new style of personal training! We work with you, in your home, on ANY aspect of your health and fitness - diet, exercise, habit modification, and also mental focus.

I have an open minded, easy going style that makes your new lifestyle flexible and FUN - from spa days to grocery shopping for optimal health, from fitting into that little black dress in 90 days to relieving a tension headache with massage and stretches... **LET'S DO IT!**

This is YOUR time to explore YOUR health, diet and fitness. Our goal is for you to look forward to and enjoy every step to getting fit and living a Simply Healthy Life!

The following few questions will help me get to know you a little better. Please take a few minutes to complete and return this to me 48 hours prior to our first meeting at [mmlicht@gmail.com](mailto:mmlicht@gmail.com).

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ M \_\_\_ F \_\_\_ Email: \_\_\_\_\_

1. Do you have any fitness, diet or health goals?

2. For exercise, would you rather: *(check all that apply)*

- \_\_\_\_\_ Go for a brisk walk or bike ride outside
- \_\_\_\_\_ Go to the gym for a session on different machines
- \_\_\_\_\_ Dance or take a class like Zumba
- \_\_\_\_\_ Do yoga, pilates, or tai chi
- \_\_\_\_\_ Lift weights, do calisthenics
- \_\_\_\_\_ Play a sport so its not like exercise: what sport? \_\_\_\_\_
- \_\_\_\_\_ I would rather not exercise at all
- \_\_\_\_\_ Other: \_\_\_\_\_

3. Do you have any health issues or injuries?

\_\_\_\_\_ yes *(please explain in space below)* \_\_\_\_\_ no

4. What do you see as your greatest challenges for being in optimal health/ shape?

5. Do you like to cook, or do you prefer to eat out/ order in?

Favorite Food(s):

6. How many days per week can you commit to giving yourself 20 minutes to 2 hours for your exercise and meal planning?

7. Please provide me an example of your schedule on a typical day (*i.e. what time you wake up, routines you have, when you eat, hours you're working, etc.*)

8. Please log for me your typical day of eating

Breakfast: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dinner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Snacks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I eat irregularly and have no set meals/meal times \_\_\_\_yes \_\_\_\_no

9. Do you exercise currently?

\_\_\_\_ yes \_\_\_\_no. If no, when was the last time you did any physical activity?

10. Is there anything else you would like to tell me about yourself?

I look forward to working with you,  
Maria Licht, B.A. Exercise Science