



## Ochsner's Get Fit **NOW** Plan – Customer Assessment Sheet

*This form will provide us with the necessary information to develop your **Get Fit NOW** program to specifically meet your individual needs and fit your lifestyle. Please complete this form and email your completed version to both Elmwood Fitness Center Nutritionist Alexis Weilbaeher at [nutrition@fitgourmetofneworleans.com](mailto:nutrition@fitgourmetofneworleans.com) AND Chef Dione Duhon of The Fit Gourmet at [chefdione@fitgourmetofneworleans.com](mailto:chefdione@fitgourmetofneworleans.com).*

### **PART I: Customer Information**

**Full name:**

**Work phone number:**

**Cell phone number:**

**\* Please indicate which is your preferred phone number. Work  Cell**

**Email address:**

**Delivery contact:**

**Delivery address/instructions:**

**Birth date:**

**Age:**

**Height:**

**Current Weight:**

**Goal weight:**

**How did you hear about Get Fit **NOW**?**

### **PART II: Medical Information**

**Do you currently have any medical conditions? (Diabetes, Hypertension, High Cholesterol, etc.)?**

**Yes  No**

**If yes, please list your medical condition(s):**

**Please list any medications you are currently taking:**

**PART III: Exercise Information**

*Please list your typical exercise program, including approximate intensity, duration and the number of days you perform the exercise each week.*

Type of Activity	Approximate intensity	Duration/Length of time	# days/week
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**PART IV: Schedule Information**

**Typical workday hours:**

**Times of day you typically exercise:**

**Meal times (only for those that apply to you; leave blank otherwise):**

- Breakfast:
  - What do you currently eat for breakfast?
- Snack(s):
- Lunch :
- Snack(s):
- Dinner:
- Snack(s) :

**PART V: Food Preference Information**

**For an afternoon snack, are you usually in the mood for (*check all that apply*):**

- Sweet dessert-type of snacks (brownies, cookies, candy)
- Salty-crunchy snacks (chips, crackers)
- Savory creamy (Ranch dip, spinach dip)
- Bread-y anything (peanut butter fold-over, cheese toast, cheese quesadilla)



Other; Please describe

Do you typically crave an after-dinner snack? Yes  No

If so, describe what you are looking for: Sugary, Salty, Chocolate-y, or anything's fair game?!

Please list any food allergies:

Please list foods that you really LOVE:

Please list foods that you do not care for:

Please check one based on your preference of spicy or mild:

Spicy  Mild

*(Note: All meals are prepared with The Fit Gourmet's house-made low-sodium seasoning blend; extra salt and pepper are included on the side)*

**PART VI: Beverage Consumption Information**

Do you consume any of the following?

Water: Yes  No  If yes, # of cups consumed per week:

Coffee: Yes  No  If yes, # of cups consumed per week:

What do you put in your coffee and how much?

Tea: Yes  No  If yes, # of cups consumed per week:

If sweetened, is the drink already sweetened or do you add your own sweetener and how much?



Soft drinks: Yes  No  If yes, # consumed per week (please specify bottle or can and diet or regular):

Sports drinks: Yes  No  If yes, # of cups consumed per week:

Type of sports drinks (Powerade, Gatorade, Propel, etc.):

Energy drinks: Yes  No  If yes, # of cups consumed per week:

Type of energy drinks:

Fruit juice: Yes  No  If yes, # in ounces consumed per week:

#### **PART VII: Alcohol Consumption Information**

Please list the types of alcohol (if any) that you typically drink, and approximately how many per day/week. (Be honest (!), this helps us to factor in alcohol calories to determine your appropriate calorie range from Fit Gourmet Food)

Types of alcohol:

If a mixed drink, what mixers do you use?

Number of drinks per week:

#### **PART VIII: Supplement Intake Information**

Please list all supplements that you're currently taking:

#### **PART IX: Goals**

Throughout the Get Fit *Now* program, what are your main goals you would like to achieve?

#### **PART X: Comments**



*Note: For those who feel comfortable weighing themselves (daily/weekly), be sure to weigh yourself at the same time each day/week while also using the same scale. For those who wish not to use a scale, judging by how your clothes fit is a good indicator of any weight change.*

**Have additional questions?**

For **food or menu** questions, call Chef Dione at 504-621-6788.

For **nutrition** questions or if you are interested in scheduling a nutrition appointment, call Elmwood Fitness Center's Nutrition Department at 504-736-4755. Tell them you're working with The Fit Gourmet and you'll receive 20% off the regular price!