

# Client Interaction Form



**BLACKSQUARE FITNESS**

HEALTHY LIFESTYLE

Name \*

Sri Gayathri

Phone number \*

9494335845

E-mail \*

srigayathri1991a@gmail.com

Gender \*

- MALE
- FEMALE
- OTHERS

Age \*

34

Height in inches or centimetres \*

5"4

Weight in kg or lb \*

77

Profession \*

Software

Lifestyle \*

ACTIVE

SEDENTARY

ATHLETIC

Do you have pre existing health issues? if yes, then elaborate \*

No

Are you under medication? If yes, then elaborate \*

No

How many meals per day are you taking \*

3

What type of tarian are you \*

- PESCATARIAN
- LACTO-AVO-VEGETARIAN
- LACTO-VEGETARIAN
- OVO-VEGETARIAN
- PESCO-POLLO-VEGETARIAN
- VEGAN
- VEGETARIAN
- NON-VEGETARIAN

List of foods you like \*

Sweets and biryanis

List of foods you don't like \*

Nothing

Do you have sweet cravings \*

- YES
- NO

Do you drink alcohol \*

- FREQUENTLY
- OCCASIONALLY
- NO

Do you smoke \*

- FREQUENTLY
- OCCASIONALLY
- NO

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