

## New Client Start Form

"Small daily changes. Big health victories."

### Client Information

Full Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Emergency Contact:	
Emergency Phone:	

### Health Information

Height:	
Current Weight:	
Date Diagnosed with Type 2 Diabetes:	
Last A1C (if known):	
Average Blood Sugar:	
Blood Pressure (if known):	

### Current Medications

Medication Name	Dose	How Often

### Lifestyle Questions

How many meals do you eat per day?	
Do you currently exercise? If yes, what type?	