



## Personalized Coaching Client Application

Please answer the following questions and return completed application to [Stephanie@stephaniekeenan.com](mailto:Stephanie@stephaniekeenan.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you worked with a fitness/nutritional coach before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe your experience including time period, type of coaching program, what you liked/disliked, and results: \_\_\_\_\_  
\_\_\_\_\_

Tell me a little more about yourself and your current situation including:

Primary Fitness Goal(s): \_\_\_\_\_

Programs/Diets you have tried in the past: \_\_\_\_\_

Do you have a history of eating disorders or disordered eating? \_\_\_\_\_

Do you have any special medical considerations or limitations? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a medical professional for any medical condition? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish through working with a coach at this time? \_\_\_\_\_  
\_\_\_\_\_

Why do you think you would be a good candidate for this coaching program? \_\_\_\_\_  
\_\_\_\_\_

*Please allow up to 48 hours for a response. This is a customized coaching program and each application is individually evaluated and carefully considered.*

*Life begins when you stop chasing skinny.*