

CLIENT CONSULTATION

Dr. Enaka Yembe

**THE
EVOLVE
METHOD**





HELLO AND WELCOME!

Thank you for choosing to working with myself. To get things rolling I would be grateful if you could fill in the information asked below. This helps me get a good understanding of your current fitness level, goals, diet and generally a bit about you.

The more information you can supply the better I can make our system more personalized for you and in order to create a great nutrition program.

All information given is kept confidential and I request that the information supplied is used solely by you and is not shared.

The consultation is split into four sections; Nutrition Analysis, Physical Training Analysis, Pictures & Food Diary. Please fill in all sections before returning the package. You may wish to print this off to complete it; I can supply an address to send it to if required. Answer the questions truthfully and accurately.

There is a goal-setting question for each section. Adding facts and figures to this goal will help you track your progress and evaluate the results. We can also review your goals and provide the relevant and correct advice.

Use the **SMART** principle when setting goals. This is;

Specific – What exactly do you want to achieve using this plan? E.g. 6lb weight loss

Measurable – What methods can you use to record progress? E.g. scale weight/Mirror

Actionable – What do you believe is required to achieve your goal? E.g. better food choices

Realistic – Can you achieve this goal, even with help? What might hold you back?

Time frame– By when do you want to achieve your goal?

Please return this Consultation Package to: eyembe1@gmail.com

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PERSONAL DETAILS

CONTACT INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

AGE:

SCALE WEIGHT:

HEIGHT:

WHERE DID YOU HEAR ABOUT THE EVOLVE METHOD:

HOW ARE YOU FEELING RIGHT THIS MINUTE?

HOW HEALTHY DO YOU CURRENTLY FEEL?

PLEASE DESCRIBE YOUR CURRENT NUTRITION KNOWLEDGE LEVEL

Dr. Enaka Yembe



SECTION 1 – NUTRITION ANALYSIS

1. Please describe any previous diets that you have followed, how successful they were and how you felt during them. E.g. Paleo, low carb, weight watchers, intermittent fasting etc.

2. Please describe what your favorite healthy food choices are. Include what your favorite protein; carbohydrate and fat source is E.g. Tuna, Pasta and Eggs.

3. Please highlight any foods you do NOT like:

4. Please describe any allergies and/or intolerances you may have:

5. Are there any other foods to which you're particularly sensitive (i.e., which cause excessive gas, bloating, stuffiness)?



6. Please describe your current supplements (i.e. protein powder, creatine, vitamins/minerals) intake. If you do not currently take supplements, are you willing to introduce some beneficial ones?

7. What are your current weekly budget requirements for food shopping and supplements?

8. Please describe your goals in relation to a nutrition program. Remember to use the SMART (page 1) principle when setting these.

9. To date, what is the main factor(s) holding you back from achieving your nutrition goals?

10. Please provide a timetable with your most normal daily schedule, listing the time you wake up, work, have breaks, eat, work out and go to sleep:



11. Do you have any weekly activities that you undertake e.g. Football every Tuesday night?

12. Do you currently take any medication?

13. How do you feel after eating a large carbohydrate meal e.g. bowl of pasta?

14. Do you enjoy eating white or red meats the most?

15. Do you get food cravings, if so, what for?

16. Do you ever binge eat?

17. Would you say you have a good relationship with food?



SECTION 2 – PHYSICAL ANALYSIS

PHYSICAL TRAINING COVERS ALL ASPECTS OF FITNESS YOU CONDUCT.

1. Please describe what current training/sport you do (if applicable) E.g. Weight Training/Cardiovascular exercise/MMA/rugby.

2. Please describe any current or previous injuries you have obtained that may affect your physical training;

3. Please provide a chart with the type of exercise you normally perform each day with the duration, e.g. Monday - Weights (evening) - 1.5h; Tuesday - Cardio (lunch time) 30m...

4. Please submit your current exercise regimen along with this consultation package (attach it to the E-mail along with consultation).

5. Please describe your goals in relation to a physical training program. Remember to use the SMART (page 1) principle when setting these;



6. To date, what is the main factor(s) holding you back from achieving your training goals?

7. Exercise Information - Please rate the ability in the following exercises (check the box that corresponds with your ability);

- 1- UNFAMILIAR
- 2-NOVICE
- 3-INTERMEDIATE;
- 4-ADVANCED

	1	2	3	4
Barbell Squats				
Barbell Deadlifts				
Barbell Bench Press				
Bent-over Barbell Row				
Barbell Shoulder Press				
Pull-Up				
Barbell Hack Squat				

OLYMPIC MOVEMENTS

	1	2	3	4
Snatch				
Clean				



SECTION 3 - PICTURES

Up to date pictures are extremely important for creating tailored nutrition plans. This allows me to see your current body type, potential genetics, hormonal profile, postural analysis, body fat distribution and so much more. Please do not skip this section; it can make a huge difference in the output of your nutrition plan which can drastically affect results.

It is best to ask someone to take these pictures to ensure good quality and full body shots. A front, side and rear picture is ideal, with men wearing only shorts and women wearing gym vest and shorts.

All information supplied is kept confidential and will never be shared or passed on.

Please attach your pictures to the E-mail along with the consultation package.

MOTIVATIONAL PICTURES

Most people have a picture of the ideal body they would like to achieve. If you can attach this picture(s) with the E-mail it is great for setting goals and motivation. We can then discuss the strategies and techniques to be used to achieve this look, and then start applying the best processes to get you on the right track. This is also great for setting long-term goals and realistic time frames in order to complete them. This will allow us to program a long-term plan and set time frames for each stage.

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DAY/DATE:

TIME + MEAL	FOOD + AMOUNT	COMMENTS

Dr. Enaka Yembe



DAY/DATE:

TIME + MEAL	FOOD + AMOUNT	COMMENTS

FINALLY!

Thank you for completing the consultation process, this greatly benefits me for creating your nutrition and training plan, getting to know you and provide you with the best advice and support. It has encouraged you to think hard about your goals, where you currently stand in achieving these and how to achieve them. By doing so you have already completed one of the main hurdles that face people when trying to achieve their ideal body and health.

Please send the package back to me once all sections have been completed. I will review the information and aim to have your personalized nutrition plan back to you within a few days.

Thanks

Dr. Enaka Yembe

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