



## Clean Packaged Meal Questionnaire

Please complete this questionnaire to sign up for the clean packaged meal program. Any questions or concerns should be listed at the end of the form. Thank you.

### Contact Information

**Name \***

First  Last

**Address \***

Street Address  City  State  
 Postal / Zip Code  Country

**Phone \***

-  -

**Best Time to Call?**

- Morning (8-11 AM)
- Midday (12 noon - 3 PM)
- Evening (4-8 PM)

**Email \***

**Preferred Contact Method \***

Postal Mail  
 Email  
 Phone



**Personal Information**

**Date of Birth \***

MM /  DD /  YYYY

**Current Height \***

Example 5' 6" is 5 foot, 6 inches

**Current Weight \***

**Do you consider yourself...**

- Underweight
- Average Weight
- Overweight

**Have you ever been diagnosed with any of the following? \***

Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke        |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Anemia        |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Other         |
| <input type="checkbox"/> High Cholesterol    |  |

**Are you currently taking any medication? \***

- Yes
- No

**If yes, will any of your medications be affected by your diet or food intake? \***

- Yes
- No



If yes, please explain:

**Are you allergic to any foods? \***

- Yes
- No

If yes, please list:

What are some of your favorite foods (Fruits, Vegetables, Meats)?

What are some of your least favorite foods?

Is there any additional information or details about your diet that we should know?

Are you planning on or considering competing in any figure or bikini competitions? \*

- Yes
- No
- Undecided



**Delivery Information**

**Preferred City for Deliveries**

**How many times a week would you like deliveries? \***

- Once
- Twice

**Which days of the week would you prefer for your deliveries to be made? \*** *(Check up to two days)*

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Are there any other services we can assist you with?**

*(Check all that apply)*

- Locating a personal trainer or gym
- Personal cooking classes / demonstration
- Exercise groups and class referrals
- Other (specify)



**Additional Information**

**How did you hear about our services? \***

- Website
- Social Media
- Friend / Family
- Other (specify)

**Would you like to be on our mailing list? \***

*You will receive updates on events and our quarterly newsletters.*

- Yes
- No

**Please list any questions or concerns you may have:**