WELCOME TO

FLEX & FLEXIBILITY

EMBODIMENT WITH EMMA

Name:
Phone Number:

Date of Birth:
Occupation:

1. What is your goal with adapting this Meal Plan?

2. Which of the following Meal Plans are you selecting?

☐ vegan ☐ vegetarian ☐ ovo-pescatarian ☐ omnivore

3. What does a healthy diet look like to you?

4. Are you consistent with your meals? Or do you skip breakfast, snack for dinner, etc?

5.How much water do you drink in a day?

6. If applicable, how often do you eat fast food?

7. Are you deficient in anything?

8. Are you willing and able to commit to food prep each week?

**By signing this document, I acknowledge responsibility for my own food allergies and agree to avoid consuming any items that may cause an allergic reaction. I understand that Flex & Flexibility is not liable for any allergic reactions or related health issues*

Client Signature:

Date: