

# CLIENT ONBOARDING

Please fill out this detailed form and forward to  
lil@otgathletic.co.za, marco@otgathletic.co.za and  
rowan@otgathletic.co.za.



Fields marked with an asterisk are required\*

## GENERAL INFORMATION

Name & Surname\*

Contact Number\*

Email\*

Age\*

Height

Weight

Body Fat %

Marital Status\*

Number of Children\*

## LIFESTYLE INFORMATION

What do you do for a living?\*

How many hours per day do you work?\*

How many days per week do you work?\*

How long is your commute to work?\*

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On a scale of 1-10, how would you rate your work stress?\*

On a scale of 1-10, how would you rate your sleep?\*

What is your quality of sleep like?\*

## TRAINING INFORMATION

How many days per week will you be to training?\*

What training will you be doing? \*

## NUTRITIONAL ASSESSMENT

What are your physical goals?\* (Weight loss, fat loss, muscle gain, performance)

What diets have you followed in the past?\*

What is your bodyweight just before bed?

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Do you make use of steroids? If yes, list dosages.\*

What supplements do you currently use?\*

Are you currently on any medications?\*

Do you have a menstrual cycle?\*

Yes  No

Is your cycle regular?\*

Yes  No

Do you consume alcohol? If so, how often?\*

What are your religious practices? \*

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Do you have any food allergies? \* Please list all.

What are your food preferences? (Vegetarian, vegan, pescatarian, etc.)

What do you struggle most with nutritionally?\*

Are you a very social person (enjoy frequent social events)? \*

Do you have any foods that trigger you or foods that you just cant say no to? \*

What foods are your least favorite? \*

What do you prefer when dieting? Low carb or high fat or what are your preferences and tell us why: \*

Do you suffer with any digestive issues like IBS? \*

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What is your relationship with food like? Do you see some foods as good or bad\*

Do you prefer carbs or fats? For example do you immediately reach for starchy food (bread) or fattier food (cheese): \*

Do you have any history with food dysmorphia or body image dysmorphia (you see yourself as bigger or smaller than you actually are or a fixation on the number on the scale): \*

Will you be doing any training or exercising, additional training outside of what you are being prescribed by OTG? If so, please detail: \*

How many steps are you currently getting in a day according to your tracker, if you are tracking? \*

Have you had any blood work done in the last 12 months? Yes/No. If so, please could you send your results with this form.

Please could you complete a 48 hour dietary recall of the last 2 days: \*

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Fields marked with an asterisk are required\*

Do you suffer with any digestive issues like IBS? \*

What is your relationship with food like? Do you see some foods as good or bad? \*

Do you prefer carbs or fats? For example do you immediately reach for starchy food (bread) or fattier food (cheese): \*

How many meals plus snacks do you prefer in a day?\*

Do you have any history with food dysmorphia or body image dysmorphia (you see yourself as bigger or smaller than you actually are or a fixation on the number on the scale): \*

Will you be doing any training or exercising, additional training outside of what you are being prescribed by OTG? If so, please detail: \*

How many steps are you currently getting in a day according to your tracker, if you are tracking? \*

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Have you had any blood work done in the last 12 months? If so, please could you submit your results with this form.

Please could you complete a 48 hour dietary recall of the last 2 days: \*

Measure circumference of relaxed bicep at exact midpoint between shoulder bone and elbow. Measure both left and right and side and complete below for example "Left 30cm, Right 30cm":

Left:

Right:

Measure circumference of widest part of chest, directly over the nipple for example "Left 30cm, Right 30cm":

Left:

Right:

Measure the circumference of waist, directly over belly button for example "Left 30cm, Right 30cm":

Left:

Right:

Measure the circumference of hips, directly over widest part of bum for example "Left 30cm, Right 30cm":

Left:

Right:

Measure the circumference of thighs, directly around widest part of thigh.

Measure both left and right and side and complete below for example "Left 30cm, Right 30cm":

Left:

Right:

Measure the circumference of calves, directly around widest part of calf. Measure both left and right and side and complete below for example "Left 30cm, Right 30cm":

Left:

Right:

What is your bodyweight first thing in the morning?

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Forward 3x full-length photos showing your front, side, and back, holding today's newspaper for date reference. Please wear only a sports bra, bikini top, or bra, and bikini bottoms or tight shorts.

## **Thank you for taking the time to complete this form.**

We appreciate the effort you've put in. Your responses allow our team to create a plan that's truly tailored to you.

Please email the completed form to:

[lil@otgathletic.co.za](mailto:lil@otgathletic.co.za)

[marco@otgathletic.co.za](mailto:marco@otgathletic.co.za)

[rowan@otgathletic.co.za](mailto:rowan@otgathletic.co.za)

We're excited to get started with you.