

NONSTOP FITNESS

INITIAL ATHLETE CONSULTATION

WWW.TEAMNONSTOP.CO

A MESSAGE FROM THE OWNER

WELCOME!



We would like to personally welcome you to the NonStop family. If you are reading this, you have already taken the first step into making improvements in your mindset, physique, and health journey. Here at NonStop, our coaches utilize an individual, evidence-based approach for each athlete and take your unique goals into consideration. Success takes both the athlete and coach delivering maximal efforts, time, and understanding to achieve the end goal.

Owner & Head Coach
David Milligan

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EMAIL YOUR RESPECTIVE COACH

Owner & Head Coach
David Milligan



david@teamnonstop.co

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INSTRUCTIONS
(PLEASE READ CAREFULLY)

The following questionnaire is designed to give the coach an understanding of your training history, current condition and goals. Coach will use your answers to develop the best approach to achieve your goals and reach your full potential. Please answer the following questions honestly and completely.

We are very excited to have you begin with Team NonStop Fitness. In order for it to be a smooth transition process we have laid out some guidelines as to how the Initial Athlete Consult needs to be filled out.

The Initial Athlete Consult must have an authorized signature. This cannot be text from a computer or a photo of your signature.

Option 1.) Use a signature app on your smart phone or tablet to sign the document. Many of the applications are free and are available for all devices. We recommend the app CudaSign – this app will allow you to send 5 free, signed documents per month.

Option 2.) Print the Initial Athlete Consult, sign in the appropriate section. Once you have signed in the required places, scan and send the document back to us at your coach's email.

GENERAL INFORMATION



AGE

HEIGHT

WEIGHT

CURRENT OCCUPATION

CURRENT DAILY ACTIVITY LEVEL

GENERAL INFORMATION



HOW MANY DAYS A WEEK CAN YOU TRAIN?

HOW MANY HOURS CAN YOU SPEND TRAINING PER DAY?

WHAT TIME OF DAY DO YOU NORMALLY TRAIN?

CARDIO RELATED INFORMATION



WHAT IS YOUR CURRENT CARDIO/CONDITION REGIMEN, IF ANY?

WHAT TYPE OF CARDIO HAVE YOU FOUND TO WORK BEST FOR YOU?

DO YOU NORMALLY DO CARDIO IN A FASTED OR FED STATE?

NUTRITION RECOMMENDATION PROGRAM INFORMATION



IF YOUR CURRENT DIET IS NOT STRUCTURED.. **SPEND A LOT OF TIME HERE. IF YOURS IS NOT STRUCTURED TELL ME YOUR PAST 2 WEEKS.

FOR EXAMPLE: BLUEBERRIES - 1 CUP - DAILY. OR 15 OZ TURKEY - 99/1 LEAN - M, W, F. FOODS YOU ENJOY AND DONT. PLEASE BE AS DETAILED AS POSSIBLE!

IF YOU KNOW YOUR CURRENT MACRONUTRIENT INTAKE BREAKDOWN PLEASE PROVIDE THE AMOUNTS OF PROTEIN, CARBS, AND FATS.

HOW LONG HAVE YOU BEEN AT YOUR CURRENT INTAKE?

NUTRITION RECOMMENDATION PROGRAM INFORMATION



AT THIS INTAKE, HOW DO YOU FEEL YOUR PERFORMANCE DURING YOU WORKOUTS HAS BEEN?" AFTER THE QUESTION "HAVE YOU BEEN MAINTAINING, GAINING OR LOOSING WEIGHT AT YOUR CURRENT INTAKE? AND IF SO, WHAT HAS BEEN YOUR RATE OF LOSS OR GAIN?

HOW MANY UNTRACKED OR FREE MEALS ARE YOU CURRENTLY HAVING ON A WEEKLY BASIS?

LIST ANY CURRENT PERFORMANCE SUPPLEMENTS OR DOCTOR PRESCRIBED MEDICATIONS THAT YOU ARE TAKING.

IF YOU HAVE BEEN TESTED FOR OR KNOW OF ANY FOOD RELATED SENSITIVITIES OR ALLERGIES, PLEASE LIST THEM BELOW.

ANY OTHER INFORMATION THAT YOU COULD PROVIDE THAT YOU FEEL WOULD BE VITALLY IMPORTANT IN YOUR PROGRAM DESIGN PLEASE LIST BELOW.

NUTRITION RECOMMENDATION PROGRAM INFORMATION



ARE YOU ALLERGIC TO ANY FOOD?

ARE THERE FOODS YOU PREFER NOT TO EAT?

WHAT ARE SOME OF YOUR FAVORITE FOOD?

DO YOU HAVE ANY INJURIES OR EXERCISES YOU ARE UNABLE TO PERFORM?

ARE THERE ANY EXERCISES YOU PREFER OR ENJOY THE MOST?

FEMALE ONLY INFORMATION

DO YOU HAVE A REGULAR MENSTRUAL CYCLE? IF NOT, PLEASE EXPLAIN. IF SO, ARE YOU ON BIRTH CONTROL?



HAVE YOU RECENTLY RECEIVED A COMPREHENSIVE BLOOD PANEL? IF SO, PLEASE PROVIDE THE RESULTS & LIST ANY IRREGULARITIES. EMAIL THE IMAGES.

CONTEST PREP ONLY INFORMATION

IF YOU HAVE COMPETED BEFORE, PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PAST DIET USED DURING YOUR CONTEST PREP.

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PAST CARDIO PROTOCOLS UTILIZED THROUGHOUT YOUR CONTEST PREP.

CONTEST PREP ONLY INFORMATION



PLEASE PROVIDE AN IN DEPTH DESCRIPTION OF WHAT YOUR LAST PEAK WEEK PROTOCOL WAS MADE UP OF IN TERMS OF TRAINING/NUTRITION/SUPPLEMENTATION/WATER/ELECTROLYTES TO THE BEST OF YOUR ABILITY

WHAT DO YOU FEEL WORKED WELL FOR YOU IN THE PAST AND WHAT DO YOU FEEL NEEDS TO BE CORRECTED?

OTHER INFORMATION

WHAT ARE YOUR CURRENT STRESS LEVELS ON A SCALE OF 1-5, WITH 1 BEING VERY LITTLE AND 5 BEING EXTREME?



HAVE YOU USED OR ARE YOU CURRENTLY USING ANY PERFORMANCE ENHANCING SUPPLEMENTS? PLEASE PROVIDE A DETAILED HISTORY BELOW, AS WELL AS YOUR RESPONSE TO PEDS AND ANY ISSUES THAT PRESENTED THEMSELVES DURING USE.

WHEN WAS THE LAST TIME THAT YOU HAD COMPLETE BLOOD WORK? IF YOU HAVE CURRENT DOCUMENTATION PLEASE ATTACH THAT TO YOUR EMAIL SO THAT YOUR COACH CAN REVIEW IT.

PROGRESS PICTURES

FOR COMPETITORS:

WEAR YOUR POSING SUIT
SEND YOUR QUARTER TURNS
BODYBUILDING AND WPD
SEND A FRONT AND REAR DOUBLE BICEP POSE IMPROVEMENT

LIFESTYLE ATHLETES

MEN: WEAR SHORTS OR BOXER/BRIEFS NO LONGER THAN MID-THIGH

WOMEN – SHORTS NO LONGER THAN MID-THIGH AND SPORTS BRA OR SWIMSUIT.

I UNDERSTAND THAT I SHOULD CONSULT MY PHYSICIAN PRIOR TO STARTING AN EXERCISE AND DIET PROGRAM. I HEREBY INTEND TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS AND EXECUTORS, AND WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MIGHT HAVE AGAINST TEAM NONSTOP FOR ANY INJURIES AND LOSSES AS A RESULT OF ANY DIET, SUPPLEMENTATION OR TRAINING ADVICE I MAY RECEIVE.

SIGNATURE:_____

DATE: _____

FULL NAME:_____