

A) Personal Information

First Name: **Gender:** Male Female **Age**
Last Name: **Weight:** **lb** **kg**
Date of Birth: **Desired Weight:** **lb** **kg**
Address: **Height:** **ft** **in** **cm**
City **Waist: (around navel)** **in** **cm**
Post Code: **Hips:** **in** **cm**
Telephone: **Upper Thigh:** **in** **cm**
Mob: **Work:**
Profession: **Email:**
Doctors Name: **Contact:**

B) Health Information:

Hypertension Diabetes Kidney Disorders Thyroid Disorders
 Cardiac Disease Fungus Asthma Skin Disorders
 Joint Pains / Arthritis Dizziness Other complaints (Insomnia, Depression etc.)
 Have you ever had an 'Eating Disorder'?

Pregnant No Yes **Birth Control Pill/coil/ etc** No Yes
Allergies No Yes – list:
Medications No Yes for => Cholesterol Gout Glucose Hypertension
 Thyroid Disorder Other Medications and Reason:

C) Nutritional Information and food allergies:

I eat everything I am vegetarian But I do eat:
I seldom eat: Meat Poultry Fish Cheese Milk Natural Yoghurt
I never eat: Meat Poultry Fish Cheese Milk Natural Yoghurt
I never eat: Other:

D) I desire the following results

Weight Loss Metabolism Adjustment Weight Gain

I herewith agree that my data will be stored and shared with the personnel and organisations necessary for the creation of the food-plan, according to the privacy practices described in the Notice of Privacy Practices. The lab results will be evaluated only for the creation of the nutritional plan and no medical evaluation will be performed.

Date Signature.....