

Client Profile



Client Name: _____ Best Phone #: _____
Client ID #: _____ Alternate #: _____
Address: _____ Best Time to Call: _____
City: _____ E-mail: _____
State: _____ Password: _____
Zip: _____ Occupation: _____

Always consult with your primary care or family physician when making changes in your health. Health Advisors are trained to build and customize programs to meet clients' goals and needs. However, we do not diagnose or treat any medical conditions.

BASIC CLIENT INFORMATION

Age _____ Sex _____
Height _____ Weight _____
Current BMI Index _____
Desired BMI Index _____

WEIGHT LOSS GOALS

How much weight would you like to lose? _____ lbs.
Why do you want to lose weight? (I need 3 reasons)
1. _____
2. _____
3. _____

BACKGROUND QUESTIONS

Have you tried other diets? _____
How did you do? _____
What do you find most difficult when losing weight? _____
Is your family aware that you are starting this program? _____
Can you count on them to be helpful and supportive? _____
Do you have supportive friends and/or co-workers? _____
Do you know of anyone who might want to start this program with you? _____
Can you eat every three hours? _____
On a scale of 1 to 10, how motivated are you to succeed? (10 = very motivated) _____

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HEALTH QUESTIONS

Overall Health:

On a scale of 1 to 10, how healthy do you feel? (10 = very healthy) _____

How many hours per day do you work? _____

On a scale of 1 to 10, how would you rate your stress level? (10 = very high) _____

How many hours of sleep do you get per night? _____

Physical Activity Level:

None _____

Moderate _____

Daily _____

Allergies:

Soy: _____

Other: _____

Medications: (For a detailed list, refer to "Client Profile Reference" document)

Are there any medications you are taking that you want to tell me about?

Diuretics ("water pills") Blood Sugar Lowering Medications (i.e. insulin, oral hypoglycemics)

Blood Thinners Lithium

Steroids Other: _____

Medical Conditions: (For a detailed list, refer to "Client Profile Reference" document)

Do you have any medical conditions that you want to tell me about?

High Blood Pressure Heart Disease

Seizures Thyroid Disease

Type I Diabetes Pregnant or Breast Feeding

Type II Diabetes Other: _____

Is there anything else you would like to share that may help me to help you get started?

** Please note: all information collected on the Client Profile form cannot be stored electronically or shared, unless you are a HIPAA-compliant Health Care provider.*