

**name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age:\_\_\_\_\_ Date:\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current weight:\_\_\_\_\_ weight 6 months ago:\_\_\_\_\_ Height:\_\_\_\_\_**

Existing or past (last 3 years) injuries or other hospitalizations

(basic info-knee/back/etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications or supplements for weight-loss:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other healers, helpers or therapies with which you are involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is or was the health of your Mother?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is or was the health of your Father?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is the health of your children?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your main health concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you want to gain or learn?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lifestyle Habits**

Circle/elaborate on your biggest obstacles or challenges in living a healthier life:

Time Knowledge Motivation Will-Power Support Other \_\_\_\_\_\_\_\_

What’s thenhardest thing about losing weight?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were your childhood eating habits?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you sleep well?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many hours per night on average?\_\_\_\_\_\_

Have you noticed a pattern with your cravings such as time of day, skipping meals, certain people, places or situations?

What does food mean to you?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat when you are stressed?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat out? Yes or No- If so, how many times a week?: 1-2 or 3-4 or 5-7 days per week (please circle)

Do you eat fast food: (McDonalds/Burger King/Taco Bell/etc): 1-2 or 3-4 or 5-7 days per week (please circle)

“Sit Down” restaurants: (PF Changs/Famous Dave’s/Stateline/etc: 1-2 or 3-4 or 5-7 days per week (please circle)

How much Water do you drink daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Average number of cups)*

*Do you drink soda:* 1-2 or 3-4 or 5-7 days per week (please circle)

*Do you drink energy or sports drinks:* 1-2 or 3-4 or 5-7 days per week (please circle)



Do you eat sweets? Scale 1-2-3-4-5-6-7-8-9-10(10 being the highest) What kind?:

Do you like fried foods? Scale 1-2-3-4-5-6-7-8-9-10(10 being the highest)

What is your favorite food?: How often do you eat your favorite food?:

What is your favorite type of food(Asian/Mexican/Southern/etc):

What did you eat over the weekend?:

Exercise (select rating that most fits currently)

* 1 if you don't exercise at all
* 2 if you are lightly active (normal every day activities)
* 3 if you are moderately active (exercise 3 to 4 times a week)
* 4 if you are very active (exercise more than 4 times a week)
* 5 if you are extremely active (exercise 6 or more times a week for at least 45 minutes)

Do you like working in a group/with a partner or are you self-motivated?

At what level do you exercise?: Little energy Medium energy/light sweat High energy/hard workouts

Average time spent in the gym or exercising per day: 30 minutes | 40 minutes |more than an hour

What is your work-out routine?: (cardio/weights/Zumba/yoga/etc)

What is your favorite and less favorite body part? Why? what body part do you want to see the most improvement from?



