

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Process date: \_\_\_\_\_ ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Self-adjust: \_\_\_\_\_

User Name: \_\_\_\_\_ Password: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Time zone: \_\_\_\_\_

Phone (primary): \_\_\_\_\_ Phone (secondary): \_\_\_\_\_

Email (primary): \_\_\_\_\_ Email (secondary): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work hours: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

How did you hear about Take Shape For Life? \_\_\_\_\_

## WEIGHT-LOSS GOALS

What is your motivation for starting the program? \_\_\_\_\_

Are you interested in creating long term health or simply losing weight? \_\_\_\_\_

How much weight would you like to lose? \_\_\_\_\_

Current weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_

Goal weight: \_\_\_\_\_ Goal BMI (At least 18.5) : \_\_\_\_\_

What is the most difficult thing for you about losing weight? \_\_\_\_\_

Current physical activity: \_\_\_\_\_

Frequency:  Daily  3-5 days/wk  1-2 days/wk  Never Duration:  At least 30 minutes  More than 45 minutes

Sleep (hours per night): \_\_\_\_\_ Work (hours per day) : \_\_\_\_\_

Rate your current motivation to lose weight and gain health on a scale of 1 to 10. (10=Very Motivated) \_\_\_\_\_

Who can support your decision and help you with your goals? \_\_\_\_\_

Who do you know who might also be interested in Optimal Health? \_\_\_\_\_

## WHICH PROGRAM IS RIGHT FOR YOU?

Check the boxes that apply. If "yes" to any of these, refer to the Client Profile Reference Sheet

Diabetes (Type I or Type II - circle one)  Gout  Age 13-18  Age 65 or older  Nursing Mothers

Serious Illness (cancer, liver disease, recent heart attack)

Review Client Profile Reference Sheet with them and note any issues: \_\_\_\_\_

Do you take these medications?  Coumadin/Warfarin  Thyroid medications

Do you have any food allergies?  None  Food Allergy : \_\_\_\_\_

Is there anything else you would like to share that may help me to help you? \_\_\_\_\_