



Eternal Health

OPTIMUM NUTRITION AND INSPIRED LIVING

Health & Lifestyle Assessment

Please fill in as much of this questionnaire as possible. If you cannot answer any questions, please leave them blank.

Name		Date	
Age		Gender	
Address			
Telephone / Mobile		Email	
Occupation		Smoker?	
Current weight		Ideal weight & when last at this weight	
Heaviest weight		Height	
Waist (inches and cm) At your navel		Hips (inches)	
Hours of exercise per week		Type of exercise	
Medical history / health concerns / medication			
Do you have a pace - maker?	<input type="checkbox"/> Yes (The scales used is a Tanita Bio-impedance scales, which is unsuitable for those with pace makers or similar devices.)		
Any digestive problems? (e.g. heartburn, bloating, wind, etc.)			
What nutritional supplements do you take regularly?			



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Weight Loss Profile

At what age did you start to diet?			
Are any of your family overweight?		Have you ever had an eating disorder?	
Does your weight regularly fluctuate?		If so, by how much?	
Please list all the other diets you have tried			
What was good about them / was useful to you?			
What was bad about them / unhelpful?			
What do you think are your barriers to weight loss?			
How do you think you might overcome your barriers to weight loss?			
What is your greatest concern regarding health or weight loss?			
3 reasons why you want to be slimmer			
On a scale of 1 (low) to 10 (high) how important is it for you to be slimmer?		On a scale of 1 (low) to 10 (high) how important is it for you to be fitter & healthier?	
On a scale of 1 (low) to 10 (high) how committed are you to making this work?			



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What are your goals? Please complete the boxes below

Weight loss or weight maintenance	
Health	
Activity / Exercise	
What are the key things you need to change in order to achieve your goals?	

Please read the following carefully and **sign both parts** below if you agree:

Eternal Health is not a medical organisation and the information and reports generated should not be interpreted as a substitute for a medical consultation. Nothing contained in the programme should be construed as medical advice or diagnosis. It is your responsibility to determine, through obtaining appropriate medical advice, that you are fit and well and that such contents and services are suitable for you. You are urged and advised to seek advice from your doctor before beginning any weight loss regime, particularly (1) if you're in any way concerned about your health, (2) you are very overweight, (3) before commencing any exercise regime, (4) if you have an existing medical condition that could be affected by dieting, (5) if you believe you have an eating disorder, (6) if you are pregnant or planning a pregnancy. The programme is not intended for those under the age of 18. Before starting any weight reduction plan, you should make sure you are not underweight.

Client
Signed:

Date:

Data protection

During the programme, I will need to ask you a range of questions. The information I collate (which will include information on your physical and mental health) may be recorded in writing, as indeed with details of any dietary supplements, tests (and the results of any tests). I will need to process and hold that information on my files, so I have a written record of that information. However, I confirm that none of that information will be passed to third parties. I am registered with the I.C.O.

Coach
Signed:

Date:

Client
Signed:

Date:

I look forward to seeing you on the programme and supporting you to achieve your well being and weight loss goals. Please contact me if you have any questions in the meantime.

Please complete this form and return it to samantha.farmer@eternalhealth.co.uk

- Please tick this box if you would like to be added to the weekly newsletter. You can unsubscribe at any time.



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