

TSFL Client Profile

Client Name _____ Best Phone# _____

User Name _____ Password _____

Address _____ Best time to call _____

City _____ Email _____

State _____ Occupation _____

Zip _____

Always consult with your primary care of 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:

Are there any medications you are taking?

___ Diuretics ("water pills") ___ Blood Sugar Lowering Medications (ie insulin, oral hypoglycemics)

___ Blood Thinners ___ Lithium

___ Steroids

___ Other _____

Medical Conditions

Do you have any medical conditions?

___ High Blood Pressure ___ Heart Disease ___ Type I Diabetes

___ Seizures ___ Thyroid Disease ___ Type II Diabetes

___ Pregnant or Breast Feeding

___ Other _____

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

