

# Ideal Protein Form

Ideal Protein

Health Profile

Date: \_\_\_/\_\_\_/\_\_\_/

Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his or her weight loss plan. A client may be advised to seek medical advice based on his or her health profile.

## 1. General

(Please use print characters)

Last Name:\_\_\_ First Name:\_\_\_

Address:\_\_\_ Apt/Unit:#\_\_\_

City:\_\_\_ State:\_\_\_ Zip/Postal Code:

Phone:\_\_\_ Cell:\_\_\_ Email:\_\_\_@\_\_\_

Date of Birth:\_\_\_/\_\_\_/\_\_\_/ Age:\_\_\_\* Profession:\_\_\_

Who may we thank for referring you?\_\_\_\_\_

Current Weight:\_\_\_ lbs. Height:\_\_\_ Weight 1 year ago:\_\_\_lbs.

Minimum adult weight:\_\_\_\_\_lbs. at age\_\_\_ Maximum adult weight:\_\_\_lbs.

Do you exercise? Yes No If yes, what kind?

How often? Daily Weekly Other:\_\_\_\_\_

Have you been on a diet before? Yes No If yes, please specify which diet(s) and why you think it didn't work for you ( e.g. too rigid, too much cooking involved, etc.):

Last Name: First Name: DOB:

Initials