



Wellness Evaluation – Client Profile

Please provide as much detail as possible to help us to help you!

Your Personal Details	
Name:	Date Of Birth:
Home Address:	
	Postcode:
Home Tel:	Mobile:
Email address:	
Your Current Health Statistics	
Height:	Weight: Body Fat % (if known):
Basal Metabolic Rate (BMR):	Protein Factor (g):
	BMI:
What is your occupation?	
Is your job typically sedentary (i.e. sat down a lot)? :	
Do you smoke? (*delete) *YES / NO	If you smoke, how many per day?
Do you have any medical conditions or allergies (e.g. hay fever, asthma, under active thyroid, arthritis etc)?	
Are you currently, or do you plan to, take any medication? What is it and what is it used for?	
Do you have a lack of energy during the day? (*delete) *YES / NO	When does this occur? e.g. after meals, evening
Do you suffer from constipation?	
How regular are your bowel movements generally? (*delete) *Twice Daily / *Daily / *Every few days	
Do you suffer from any kind of stomach problems, e.g. IBS, bloating, pains, allergies or food sensitivities?	
Is there a history of bowel problems in your family? (Please provide details)	
Your Current Exercise	
Do you currently take part in any sports or other exercise? (please provide details)	
If you are a member of a gym please indicate which one:	
What sports / types of exercise do you enjoy? e.g. classes, walking, running/treadmill, rowing, weight training etc	
What sports / types of exercise do you <u>NOT</u> enjoy? (examples above)	
Do you have any injuries? (e.g. damaged knees/joints, torn ligaments, pulled muscles etc)	



Your Current Nutrition		
Please indicate below what your typical meals consist of. As this can be significantly different at weekends we have provided space where you can capture the differences if appropriate.		
	Weekday	Weekend (if different)
Breakfast		
Mid Morning		
Lunchtime		
Mid Afternoon		
Evening		
Late evening / Supper		
What do you snack on during the day? e.g. biscuits, fruit, crisps, vegetables, etc.		
How much water do you drink per day?		
What else do you drink during the day? (please specify quantities – e.g. 4 cups of coffee)		
How much alcohol do you drink during a week? (Is this during the week or just at weekends?)		
Have you ever taken a nutritional supplement? (please provide details)		



Your Health Goals			
Please tick one or more of the following options. Are you looking for...			
Weight Loss <input type="checkbox"/>	Better Sports Performance <input type="checkbox"/>	Better Skin <input type="checkbox"/>	
Maintain Current Weight <input type="checkbox"/>	Better Recovery From Sport <input type="checkbox"/>	Inch Loss <input type="checkbox"/>	
Weight or Muscle Gain <input type="checkbox"/>	More Energy <input type="checkbox"/>		
If you are looking to lose weight, have you tried losing weight before? (please indicate what programme you used and how it worked or didn't work for you)			
Please be specific about your goals, e.g. if you are looking to lose weight how much and by when? (try splitting the goal into smaller steps – your consultant will be able to help)			
Goal One		By date:	
Goal Two		By date:	
Goal Three		By date:	
The New Me!		By date:	
Are there any critical dates or events that you want to achieve your goals by? (e.g. wedding, marathon, holiday etc)			
Please take some time to think and then indicate here <u>WHY</u> you want to achieve these goals. What will achieving them give you? How will it make you feel?			



Further Information	
Please tick those items that you would be interested in finding out more about:	
Weight Loss / Inch Loss	
Losing weight with a FREE personal coach	<input type="checkbox"/>
Hosting a weight loss party (min of 3 other people to attend)	<input type="checkbox"/>
Nutrition for sports	<input type="checkbox"/>
Skin Care	
How to improve the dimply effect of your skin	<input type="checkbox"/>
How to reduce fine lines and wrinkles	<input type="checkbox"/>
A general nutritional programme for your skin	<input type="checkbox"/>
Hair Care	
How to achieve soft, healthy, shining hair	<input type="checkbox"/>
Wellness Club	
Regularly attend a friendly club to learn and share information on good nutrition	<input type="checkbox"/>
Business Opportunity	
Becoming a 'Wellness Coach' and either helping at, or running your own Wellness Club	<input type="checkbox"/>
Do you know anyone else who might also be interested	<input type="checkbox"/>
Refer 3 people who become Club members or customers and receive a voucher worth £10	
Do you know anyone else who might be interested in a FREE Wellness Evaluation?	
If so, please either pass on our details or write their details below	
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:

Please return completed forms to:

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