

# CLIENT PROFILE QUESTIONNAIRE



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

Name		
Date of Birth		
Phone Number		
Email		
Address		
Next of Kin	Name -	
	Contact Number -	
	Relationship -	

## Informed Consent

The pre-screening and health screening assessment part of this program will include the collection of health and fitness information. Information is sought through this questionnaire as well as measurements.

Information gained from this assessment will be used as the basis for an individualised weight management program. Your client information is strictly confidential but may be given to your medical or allied health professional. Any questions regarding this assessment are welcomed at any time.

### Client to complete the following:

**I am aware that my involvement in this screening, assessment and the subsequent weight management program is completely voluntary. I am also aware that I may request to stop any test or the assessment and / or program at any stage.**

I have read this form and I understand the assessment procedure and consequent weight management program that I will undertake. I consent to participate in this assessment and weight management program, and I withdraw my right to make any claim of any kind whatsoever, against the organisation, and the practitioner that will conduct this assessment and weight management program. For any injury, illness or adverse change in my medical condition or state of health arising directly or indirectly from the tests, program or advise I have received from the practitioner, before, during and after the assessment and subsequent weight management program.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

<b>GENERAL HEALTH &amp; NUTRITION QUESTIONS</b>			
Gender:	<input type="radio"/> Male	<input type="radio"/> Female	Height:
Current Weight:		Goal Weight:	

<b>Medical &amp; Health Conditions</b>		
Circle any that apply or describe any additional conditions		
Insulin resistance High blood pressure Cardiovascular disease Stroke Cancer	Gout Stress incontinence Sleep apnoea Pancreatic disease Kidney disease	Polycystic ovarian syndrome Musculoskeletal problems Liver disease Type 1 / Type 2 diabetes Gall bladder disease
Other:		
Provide any additional information:		
Have you had any recent surgery? If so explain:		
Do you currently take any medications? If so what and for which condition/s?		
Does your family have a history of any medical condition/s? If yes, please list.		

<b>Lifestyle Questions</b>	
What time do you normally wake up?	
What time do you usually go to sleep?	
Rate the quality of your sleep?	
Do you smoke? If yes how often and for how long have you smoked?	
Do you drink alcohol? If yes how often and how much?	

**Body Type**

Which statement best describes you? Please tick

I can eat practically anything I want, and I don't gain weight – I find it very hard to gain weight.

I can lose or gain weight by adjusting my activity level and eating habits.

I find it difficult to lose weight. I gain weight easily and must watch what I eat.

I can lose weight but struggle to keep it off. I generally regain my lost weight after a short time.

**24 Hour recall**

Please list below everything you eat in one 24-hour period. Include snacks, beverages, including water. Also show approximate amounts.

Ensure this is a typical day.

Time	Meal	Food	Amount / Serving

Have you ever been placed on a nutrition plan?  
If yes, by whom and what did it consist of? Please explain

Was the plan successful? Describe your results.

**Weekly Exercise Information**

Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

Exercise / Activity	Days per week	Duration

How often do you stretch?

**Lifestyle / Professional Activity**

How would you rate the activity of your profession, or what you do during the day (non-exercise related)?

Sedentary                      Moderately Active                      Active                      Very Active

Which best describes you?

Sedentary Adult Growing teenage athlete	Exercising Adult Adult building muscle	Competitive athlete Athlete restricting calories
--	---	---

Which of the following forms of physical activity would you be interested in participating in?

Activity	Interest	Activity	Interest
Walking		Group Exercise	
Running		Swimming	
Resistance Training		Cycling	
HIIT Training		Circuit Classes	
Other ?			

<b>Barriers</b>		
Are any of the below applicable barriers to your success in behavioural change? Please circle		
Time	Money	Poor health
Lack of support	Embarrassment	Lack of facilities
Life events	Unmotivated	Fear of failure
Other (list):		

<b>Goals</b>		
What are your goals? Please circle		
Weight loss	Improve eating habits	Gain weight
Improve Strength	Improve flexibility	Improve cardiovascular fitness
Improve balance	Maintain fitness level	Improve fitness level
Learn exercise technique	Exercise 3-5 times a week	Exercise 2-3 times a week
List a SMART short term, medium term and long-term goal		
Short (10 weeks)		
Medium (6 months)		
Long (year)		

<b>Screening and Evaluation (complete only for tests completed)</b>								
Height								
Weight								
Girth Measurements	Upper Arm (R)		Chest		Mid-thigh (R)		Hips	
	Upper Arm (L)		Waist		Mid-thigh (L)			

<b>Daily Energy Requirement:</b>
Total Daily Energy Expenditure = BMR x Activity Factor
Women BMR = $655 + (9.6 \times \text{weight in kg}) + (1.8 \times \text{height in cm}) - (4.7 \times \text{age in years})$
Men BMR = $66 + (13.7 \times \text{weight in kg}) + (5 \times \text{height in cm}) - (6.8 \times \text{age in years})$
<b>Total Daily Energy Expenditure =</b>

Daily Nutrient Requirements:						
Protein	Carbohydrates	Fats	Vitamins	Minerals	Water	Fibre

<b>Additional Information</b>

<b>General Practitioner Details</b>

I, \_\_\_\_\_, agree to allow Phoenix Weight Management to design a weight management solution for me, to help me achieve my health and wellness goals. I will commit to follow the program to the best of my ability. I understand the inherent risk associated with undertaking a nutrition and exercise program, and I will not hold Phoenix Weight Management and/ or its employees and contractors personally liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating habits and exercise. This weight management program does not replace the expert advice or medical treatment of my own private doctor. I have answered the Client Profile Questionnaire truthfully and have provided Phoenix Weight Management all necessary information about myself to prevent any possible complications.

Client to sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_