Health Profile

Dietary consultation involves a health profile whose purpose 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.

General
Last Name: ______________________________ First Name: ______________________

Address: ____City/State/Zip_____________

Home Phone: __________________ Cell: _______________ Email: _________________

Date of Birth: _______________ Age: _________ Occupation: ____________________
Marital Status : S M D W Do you have children?: Y N # of children: ____ages_____

Weight: _____ lbs; Weight 1 year ago: ______ lbs; Min Adult Weight: ____ lbs at Age:____

Do you exercise?: Yes No (circle one) if yes, what kind and how often:

____

Have you been on a diet before: Yes No if yes, which one(s) and why did/didn't it work for you?:

____

How important is it to you to lose weight via Ideal Proteins Medically Supervised Method? On scale of 1 to 10. 10 being most important: ________________________

Medical Information – All health issues:
____

____

____

Do you have any of the following diagnoses (please circle or check off):

* Diabetes
* Heart disease
* High blood pressure
* Kidney issues
* Liver issues
* Intestinal problems
* Stomach issues
* GYN issues
* Breast issues
* Thyroid problems
* Emotional problems
* Inflammatory conditions
* General issues

Please elaborate: ____
____
____

Complete Medication list including herbs/vitamins/supplements:
____

____

____

Allergies to Medications: ______________________ Food?: ____________________

General Health Questions:

- Do you have cancer? ____
- Are you Pregnant? _________________ Breastfeeding? ________________
- Other health issues? ____

Eating Habits: Be as honest as possible
Breakfast choices: ____
Pre lunch snacks?: ____
Lunch choices: ____
Afternoon snack?: ____
Dinner choices: ____
After dinner snack: ____

Preferences (circle as many as apply): Sweet foods? Salty Foods? Fatty Foods?
Are you a vegetarian? Y N
Drink Alcohol? How often? _____ How many per day? _____ What kind? _____
How much caffeine do you drink? How many cups per day? _________________
Do you smoke? How many packs per day? ___________ How many years? _____
How much water do you drink per day? __________________________________

CASH SCALE: Compulsions or Cravings/Appetite/Satiety/Hunger

Score each item on a 0-10 numbering scale. Each feeling represents a different part of the brain and different neurotransmitters.

Compulsions/Cravings: Feeling or urge to eat when not hungry. You are full. There is no food in sight. You get an urge to eat which cannot be repressed.
0------1-----2----3-----4-----5----6----7----8----9----10
Never occurs Constant
-3-

Appetite:
Feeling of hunger stimulated by sight, sounds, smells or social cues. You recently ate and feel full. You walk into a room. There is food everywhere. It looks and smells good. Everyone is having fun. You:
0-----1----2----3----4-----5-----6-----7-----8-----9-----10
Never eat more Always eat more
-3-

Satiety:
A feeling of fullness acquired during eating. When you eat, you usually:
0-----1-----2----3-----4-----5----6-----7----8----9-----10
leave food on plate one helping seconds thirds

Hunger:
That feeling of a pain or ache in your stomach when it is really empty. This is a true pain or discomfort.
0----1----2----3----4----5----6-----7----8----9----10
Never hungry Constant hunger

You must take vitamins and minerals while on the Ideal Protein Weight Loss Method. If you stop taking them, you may experience undesirable side effects. _____ client's initials.

If you are taking medications, are you interested in getting off of any or all of your prescription medications? Yes No

If you have health problems not indicated on this health profile, please consult your health care provider.

Client signature: ___________________________________ Date: _________________

The signatory client hereby recognizes the veracity of the information provided herein and that he/she has made an informed decision to go on the Ideal Protein Weight Loss Method. 10.22.2009