



Client Medical History & Enrolment

First Name:

Surname:

Address:

Post Code

Tel:

Email:

Date of Birth:

Male/Female:

Build:

Height:

Present Weight:

Ideal Weight:

How long present weight:

Medical History:

Please indicate by ticking if you have any of the following....

High or low Blood Pressure:

Asthma:

Dizziness:

High or Low Blood Sugar:

Heart Problems:

Thyroid:

Kidney problems:

Constipation:

Any other illness/operations or other:

How would you rate your stress levels? Low: Medium: High:

Allergies:

Food Dislikes:

(Please specify very clearly e.g. Religious requirements, red meat, etc. If vegetarian specify type:

Current Medication:

Are you currently being treated by a Doctor?

Reason: Please note that a letter of release by your Doctor is required for:

1 Diabetes Type 2

- 2 Anorexia
- 3 Diverticulitis
- 4 Bi-Polar Disorder
- 5 Porphria

AGREEMENT

Date:

I, _____

Hereby acknowledge that, based on the above-mentioned information provided by me, Weigh To Bee will tailor an eating program specific to my individual needs.

I also hereby acknowledge that as my health improves for example Cholesterol and High Blood Pressure I will consult with my Medical Doctor in order to monitor my medication.

MINI HEALTH ASSESSMENT

Please complete the following to assess your present state of health.

A

- I get up every night to urinate
- I don't move my bowels every day
- I have aches and pains in my muscles and joints
- I crave salty foods such as cheese, crisps & olives
- I take painkillers for headaches every week
- I have cellulite
- I live on fast food and takeaways
- I drink alcohol every night
- I have IBS symptoms
- I often suffer from indigestion

B

- I have dry hair, scalp and skin
- My blood pressure is high
- I exercise regularly but can't lose weight
- I suffer from hormonal problems
- I need more energy
- I often get the blues
- I often feel tired and lethargic
- I suffer from skin problems such as acne and eczema
- My nails are very brittle and flaky
- I feel under the weather

C

- I feel very groggy in the morning
- I feel irritable if I miss a meal
- I have a family history of adult-onset diabetes
- I often crave alcohol, cigarettes or coffee
- I crave chocolate regularly
- I crave starchy foods such as bread, bananas and potatoes
- I have no time to prepare special meals
- I eat out regularly
- I suffer the afternoon slumps
- I often eat when I am not hungry.

Please email me your result – number of ticks for A, B & C

Please note that:

For the Awe-Slim QL Program we do not enrol:

- If you are undergoing IVF (ICSI) Treatment
- Children under 6 years old
- Type 1 diabetes
- If you have had a biliopancreatic diversion
- Professional Athletes or clients who are doing more than three hours of continuous intensive exercise on a regular basis.