

**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: \_\_\_\_\_ Apt/Unit: # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Weight: \_\_\_\_\_ lbs. Weight 1 year ago: \_\_\_\_\_ lbs. Min. Adult Weight: \_\_\_\_\_ lbs at age \_\_\_\_\_

Maximum Weight: \_\_\_\_\_ lbs. at age \_\_\_\_\_ Height: \_\_\_\_\_

Do you exercise?  Yes  No

If yes, what kind? \_\_\_\_\_

How often? \_\_\_\_\_

Have you been on a diet before?  Yes  No \_\_\_\_\_

If yes, please specify which diet and why you think it didn't work for you (e.g. too rigid, too much cooking involved, etc.): \_\_\_\_\_

**On a scale of 1 to 10, indicate what level of importance you give to losing weight via Ideal Protein's professionally supervised weight loss method (10 being the most important):** \_\_\_\_\_