Pismo Beach Medical Center, Suite 108 • 2 James Way • Pismo Beach, CA 93449

CLIENT PROFILE QUESTIONNAIRE

DATE: ______________________________ HOME PHONE: _________________________

NAME____

ADDRESS:____

CITY/STATE/ZIP:____

CELL:___________________________________ Email ____

IN CASE OF EMERGENCY, CALL:____

Age_________________________Height_________________________ M_________F____________

GENERAL HEALTH & NUTRITION QUESTIONS

Health & Medical Conditions ____

Check any that apply or describe any other(s).

□ heart disease	□ anemia	□ hypoglycemia
□ liver disease	□ kidney disease	□ diabetes
□ pancreatic disease	□ lactation	□ hypertension
□ Constipation	□ Gas	

□ other ____

Please list any current medications:

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Body Type

Which of the following statements best describes you?

□ I can eat practically anything I want and I do not 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 can gain weight easily and have to watch what I eat.

Lifestyle / Professional Activity

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

□ Sedentary □ Moderately Active □ Active □ Very Active

What are your goals?

□ Weight Loss □ Maintain /Improve Eating Habits Gain Weight What is your goal weight?

Protein Requirements

Which best describes you?

□ sedentary adult □ exercising adult □ competitive athlete

□ growing teenage athlete □ adult building muscle □ athlete restricting calories

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

Exercise/Activity___________________________ Days/week______ Duration_______

What time do you normally wake up? __________
What time do you normally go to bed at night? ______
If you smoke, how many per day? ______
If you smoke, how many years have you smoked? ________
If you drink alcoholic beverages, what and how many per day?___

Have you ever been placed on any type of nutritional program in the past? □ Yes □ No If yes, by whom and what did it consist of? Please explain below.

What were your results?

____

____

____

Please list below everything you eat in one 24 hour period. Be sure to include snacks and beverages, including water.

Breakfast____

Lunch____

Dinner____

Snacks____

Drinks____

Make a list of foods that you dislike.

Make a list of foods that you like.

What are you looking to achieve with the partnership of TorChell Mind & Body?

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I, __________________________________ AGREE TO ALLOW TorChell Mind & Body TO DESIGN A WEIGHT MANAGEMENT PROGRAM FOR ME TO ENHANCE MY HEALTH & FITNESS GOALS. I WILL FOLLOW THAT PROGRAM TO THE BEST OF MY ABILITY AND I WILL NOT HOLD TorChell Mind & Body, OR ANY ONE RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EATING HABITS. I UNDERSTAND THIS WEIGHT MANAGEMENT PROGRAM DOES NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE DOCTOR. I HAVE GIVEN TorChell Mind & Body And Dr. Jesse R. Liscomb ALL NECESSARY INFORMATION ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

Signature: ____ Date___________________