|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Phone Number: |  |
| Email: |  |
| Address: |  |
| Next of Kin: | Name: |  |
| Contact Number: |  |
| Relationship: |  |

|  |
| --- |
| **GENERAL HEALTH & NUTRITION QUESTIONS** |
| Gender: | ☐ Male [ ]  Female | Height: | cm |
| DOB: |  |  |  |
| Weight Now: | kg | Goal Weight: | kg |

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| --- |
| Which best describes you? |
| [ ]  Sedentary Adult☐ Growing teenage athlete | [ ]  Exercising adult☐ Adult building muscle | ☐ Competitive athlete☐ Athlete restricting calories |

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| --- |
| **Medical & Health Conditions**Check any that apply or describe any additional conditions |
| ☐ Insulin resistance[ ]  High blood pressure☐ Atherosclerosis☐ Cardiovascular disease☐ Stroke☐ Cancer | [ ]  Type 2 diabetes☐ Gall bladder disease[ ]  Polycystic ovarian syndrome[ ]  Musculoskeletal problems☐ Liver disease | ☐ Gout☐ Cataracts☐ Stress incontinence☐ Sleep apnoea☐ pancreatic disease☐ kidney disease |
| Other: |
| Provide any additional information: |
| Have you had any recent surgery? If so explain: |
|  |