|  |  |  |
| --- | --- | --- |
| 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 |

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

|  |  |  |
| --- | --- | --- |
| **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: | | |
|  | | |