



## Health Profile

Date: \_\_\_\_\_

Dietary consultation involves a health profile. The purpose of the health profile 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.

### Legend (For clinic use)

NPA - Needs Prescriber Approval

NPC - Needs Prescriber Care

### 1. Overall (Please use print characters)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./unit: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Profession: \_\_\_\_\_

Referral: \_\_\_\_\_

Current weight (lb): \_\_\_\_\_ Weight 1 year ago (lb): \_\_\_\_\_

Minimum adult weight (lb): \_\_\_\_\_ At age: \_\_\_\_\_

Maximum adult weight (lb): \_\_\_\_\_ Height: \_\_\_\_\_

Do you exercise?  Yes  No If yes, what kind? \_\_\_\_\_

How often?  Daily  Weekly  Other \_\_\_\_\_

Have you been on a diet before?  Yes  No

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

\_\_\_\_\_

On a scale of 1 to 10, indicate what level of importance you give to losing weight with Ideal Protein's professionally supervised protocol: (circle one)

Least important    1    2    3    4    5    6    7    8    9    10    Very important

What is your marital status?  Married  Single  Widow  
 Divorce  Other: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ How old are they? \_\_\_\_\_

Who does most of the cooking at home? \_\_\_\_\_

On average, how many hours do you sleep per night? \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY) Initials: \_\_\_\_\_

The Protocol

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