



4 Week Intensive Diet & Weight Loss Personal Details Form

All information in this form will be treated in the strictest of confidence

DATE: _____

Full Name: _____

Address: _____

Telephone No: (Home) _____ Mobile _____

Email: _____

Date of Birth: _____ Age: _____ Height: _____ Weight _____

Occupation: _____

Name & Address of GP: _____

May I contact your GP if necessary Yes/No

Marital Status: Single/Partner/Married/Separated/Widowed/Divorced Do you have children? _____

Are you currently receiving medical treatment from your GP or hospital? Yes/No

Is yes, please list condition(s) being treated: _____

Please list any or all medications which you are currently taking:

Please list past medical conditions with approximate dates:

Please list past surgical procedures with approximate dates:

List any Vitamin/Supplements which you are currently taking

Are the above subscribed or self prescribed? _____

How long have you been taking supplements? _____

Are you currently consulting any other practitioners? _____

Please list any herbal or homeopathic remedies being used _____

Do you suffer from stress? _____ Source of Stress _____

Daily Diet

Please give an indication of your typical daily diet

Breakfast _____

Mid Morning _____

Lunch: _____

Mid Afternoon: _____

Dinner: _____

Have you ever suffered from Anorexia or Bulimia? _____ Yes/No

Are you vegetarian or vegan? _____

Exercise

Do you exercise regularly? _____ Yes/No How many times per week _____

What exercise do you undertake and how long for? _____

Are you a member of a gym _____

Do you or have you ever played any sports? _____

What is the nearest park/countryside/beach or walking area near to you? _____

Motivation

What is your name reason for wanting to lose weight? Wedding, Post baby, Interview, Confidence, Holiday

Where did you hear about Dublin Vitality Center? _____

Female Only

Are you pregnant? _____

Are you on the pill? _____

I CONFIRM THAT I AM IN GOOD HEALTH AND HAVE CONSULTED MY GP REGARDING MY INTENTION TO TAKE UP FITNESS AND EXERCISE PROGRAMME. THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I UNDERSTAND THAT MY SUCCESS DEPENDS ON MY FULL CO-OPERATION AND DEDICATION TO THE WEIGHT LOSS PROGRAMME.

Signed _____ Date _____