



General Information:

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____ APT/UNIT # _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____

PROFESSION: _____ HOW DID YOU HEAR ABOUT US? _____

Tell us a little more about yourself...

MARITAL STATUS: MARRIED SINGLE DIVORCED/SEPARATED WIDOWED

AGES OF CHILDREN UNDER 18 YEARS LIVING WITH YOU? _____

DO YOU SMOKE? YES NO

DO YOU EXERCISE YES NO IF YES, WHAT KIND? _____

HAVE YOU DIETED/LOST WEIGHT BEFORE? _____

PLEASE TELL US MORE ABOUT WHAT YOU WOULD LIKE TO ACCOMPLISH WITH IWM:

Eating Habits:

I eat out _____% of the time Who does most of the cooking in the house? _____

How many glasses of water do you drink daily? _____

Coffee? YES NO _____cups/day BLACK CREAM SWEETENER

Tea? YES NO _____cups/day BLACK GREEN SWEET UNSWEET

Soda? YES NO _____per day DIET REGULAR

Alcohol? YES NO how often? DAILY WEEKLY SOCIALLY type _____

Other drinks (energy drinks, flavored waters, etc.) _____

Tell us examples of typical meals:

BREAKFAST _____ APRX TIME _____

LUNCH _____ APRX TIME _____

DINNER _____ APRX TIME _____

SNACKS _____ APRX TIME _____

Health/Medical

Do you have any food allergies? YES NO

If YES, please explain _____

Who is your primary care physician? _____

How many hours of sleep do you get nightly? _____

Do you have sleep apnea? YES NO Do you use a CPAP machine? YES NO

Do you have Diabetes? YES NO

 If YES, TYPE 1 TYPE 2

How often is your blood sugar monitored? _____

Do you have thyroid problems? YES NO

 If YES, HYPER HYPO HASHIMOTO'S

Have you ever had cancer? YES NO

 If YES, type: _____ Year _____

Have you ever had liver problems? YES NO

 If YES, please explain _____

Do you still have your gallbladder? YES NO

Have you ever had kidney problems? YES NO

 If YES, please explain _____

Have you ever had gout? YES NO

Females:

Date of last menstrual cycle: _____

Are you pregnant? YES NO

Are you breast feeding? YES NO

Hysterectomy? YES NO

Menopause? YES NO

| | |
|--------------------------------|-------------------------------|
| Acid Reflux/Heartburn | Gluten Intolerance |
| Anxiety | Heart Attack - Year _____ |
| Alzheimer's Disease | Heart Valve Problem |
| Anorexia (history of) | High Blood Pressure |
| Arrhythmia | High Cholesterol |
| Bariatric Surgery - Year _____ | Hyperkalemia (High Potassium) |
| Blood Clots | Hypokalemia (Low Potassium) |
| Bipolar Disorder | Irritable Bowel Syndrome |
| Bulimia (history of) | Lupus |
| Celiac Disease | Migrains |
| Chronic Fatigue Syndrome | Multiple Sclerosis |
| Congestive Heart Failure | Osteoarthritis |
| Constipation | Pacemaker/Defibrillator |
| Coronary Artery Disease (CAD) | Panic Attacks |
| Crohn's Disease | Parkinson's Disease |
| Depression | Psoriasis |
| Diarrhea | Pulmonary Embolism |
| Diverticulitis | Rheumatoid Arthritis |
| Epilepsy | Schizophrenia |
| Fibromyalgia | Stroke/TIA |
| Gastic Ulcer | Ulcerative Colitis |

Are you currently working with a Physician on a Nutritional Intervention for a specific medical disease, condition, or issue? YES NO

Medications and Supplements

I do not take any medications . _____ (Initials here)

| Name of Medication | Dose | Frequency | Prescribing Doctor | Reason for taking |
|--------------------|------|-----------|--------------------|-------------------|
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Medical Disclaimer and Waiver

I, _____ understand that IMPACT Weight Management, LLC is not a medical facility, and does not give medical advice, diagnose or treat. Any information, documentation, or advice provided to me by IMPACT Weight Management, LLC is for my education or knowledge and does not constitute or substitute for professional care from a doctor or other qualified medical professional.

I, _____ understand that it is my responsibility/choice to consult with my physician prior to beginning any weight loss program. I declare that I have been advised by IMPACT Weight Management, LLC to seek the advice of my physician regarding any health questions I may have.

By signing this disclaimer, I, _____ do hereby release, remiss, acquit, and forever discharge IMPACT Weight Management, LLC respective past, present, and future employees, agents, representatives, members, managers, and affiliates from any and all causes of actions, claims, demands, damages, cost, losses, injuries, and suits of any kind or nature, known or unknown, existing, claimed, to exist or which can be here in after ever arise out of result from or in connection with any act, mission, failure to act, breach of conduct suffered to be done or omitted to be done or is directly or indirectly from any participation in programs at IMPACT Weight Management, LLC.