



## LIFESTYLE WEIGHT MANAGEMENT

### **Lifestyle Weight Management Counseling and Coaching**

In order for me to provide you with the best service, program and support please answer these questions in as much detail as you can. I want to ensure that you will have a successful experience in adopting a healthier lifestyle. Thank you.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Pager/Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

How many hours of week do you work? \_\_\_\_\_

Married/single? \_\_\_\_\_

Children? \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

Current weight: \_\_\_\_\_

How long at this weight? \_\_\_\_\_

Height: \_\_\_\_\_

Lowest adult weight: \_\_\_\_\_

How long at this weight and when? \_\_\_\_\_

By how much would you like to change your current weight? +/- \_\_\_\_\_

What would you estimate your daily caloric intake to be? \_\_\_\_\_

My overall level of stress is:

1    2    3    4    5    6    7    8    9    10

What are your current leisure activities?

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### Exercise History

Do you currently exercise? (Please describe.): \_\_\_\_\_

Do you own any exercise equipment? (Please list.)

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Please rate your exercise level on a scale of 1 – 5 (5 indicating very strenuous) for each age range through your present age range:

\_\_\_\_ 13-20   \_\_\_\_ 21-30   \_\_\_\_ 31-40   \_\_\_\_ 41-50   \_\_\_\_ 50+

Do you start exercise programs but then find yourself unable to stick with them?

no    yes, please describe barriers: \_\_\_\_\_

Are you currently involved in regular endurance (cardiovascular) exercise?

no    yes, specify type(s) of exercise: \_\_\_\_\_

\_\_\_\_ minutes/day   \_\_\_\_ days/week

Rate your perception of the exertion of your exercise program (please check appropriate box):

Light    Fairly light    Somewhat hard    Hard

How long have you been exercising regularly? \_\_\_\_ months   \_\_\_\_ years

What types of exercise interests you? (Please check all applicable.)

Walking (treadmill/outdoors)    Running (treadmill/outdoors)    Hiking    Swimming

Tennis    Golf    Cycling    Stationary biking    Spin classes    Rowing

Strength training    Softball/baseball    Martial arts    Tai Chi    Yoga

Stretching    Pilates    Dance exercise

What do you want exercise to do for you?

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How much time would you be willing to devote to an exercise program for better health and/or weight loss? \_\_\_\_ minutes/day \_\_\_\_ days/week

**Nutrition Questions**

How many meals a day do you typically eat (please describe)?

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Do you usually eat breakfast (please describe)?

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What kinds of breakfast foods do you like?

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Have you ever kept a food log/journal? (Please describe.)

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Have you ever used any diet aids?

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Are you familiar with the Food Guide Pyramid? \_\_\_\_\_

Do you have any food allergies? (Please list and describe.):

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Do you have any diet restrictions due to health reasons? (Please list and describe.):

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Any foods you will not eat?

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Do you consume dairy products? \_\_\_\_\_

Do you eat fruits and vegetables daily? \_\_\_\_\_

Please list 10 of your favorite fruits:

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Any dislikes?

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Please list 10 of your favorite vegetables:

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Any dislikes?

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Do you eat animal products (beef, pork, chicken, fish)? \_\_\_\_\_

What kinds of beverages do usually have with meals?

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What kinds of salad dressings do you like?

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What kinds of snacks or treats are your favorites?

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What foods can you not live without?

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Please list any spices/seasonings you enjoy:

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Any dislikes?

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Please list 10 of your favorite foods you that you **normally** eat:

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What types of foods do you think are bad/unhealthy for you?

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Which foods do you think are good/healthy for you?

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Please list any ethnic foods likes or dislikes:

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How often do you prepare your own meals? \_\_\_\_\_

Do you like your kitchen? \_\_\_\_\_

Do you enjoy preparing your own meals and if not, why?

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Do you read food labels? \_\_\_\_\_

How often do you eat out? \_\_\_\_\_ What do you spend a week on eating out? \_\_\_\_\_

What restaurants do you like to go to?

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How are you at making healthy choices while eating out? (Please describe.):

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Please list all appliances you own:

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How often do you go grocery shopping? \_\_\_\_\_

What store(s) do you shop at most often? \_\_\_\_\_

Would you be interested in a grocery shopping education trip? (See below.) \_\_\_\_\_

To eat healthier and achieve and/or maintain a healthy body weight, I am willing to make these changes in my lifestyle as far as eating and exercising:

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Barriers/obstacles in your diet - things that make it hard for you to eat right, healthy, etc.:

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What would you specifically like to achieve in a Lifestyle and Weight Management program?

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## **Grocery Shopping and Education Trip + cost of food you buy \$100**

The first step to eating right is buying the right foods! This service is great in conjunction with any nutrition program. This trip usually last up to 60 minutes.

- Will meet you at **your** grocery store, where you shop at the most.
- Includes reading food labels, choosing healthier foods and cooking suggestions
- "Smart Eating" a cookbook by Covert Bailey available at an additional cost of \$20

**Important, please read before starting this program:** As a Lifestyle Weight Management Consultant through the American Council on Exercise it is beyond my scope of practice and qualifications to counsel on medical conditions such as diabetes, hypertension or high cholesterol, disordered eating or recommend dietary supplements. I am happy to refer any questions or issues beyond my scope of practice to a qualified health professional or offer a list of reliable health resources. As always, my goal is a successful experience for those I work with.

Whole Body Fitness/Lisa Dougherty bills its clients on a pre-pay basis. **Bills are issued directly to the client when services are retained and are due upon first meeting with client to create Lifestyle Weight Management Program.**

**24 Hour Cancellation Policy for scheduled meetings and phone sessions:** I work on a scheduled appointment basis. Because your appointment times has been reserved especially for you, *you are required to give a minimum of 24-hours notice when canceling a schedule meeting or phone session with me*, which at that time can be rescheduled at no charge. With a 24-hour notice I am able to schedule another client in your place.

**If you cancel with less than 24 hours notice you will be billed an additional \$120 for meetings and \$50 for phone sessions above and beyond the \$800 program cost.**