



Nutrition Screening Form

Please Circle The Appropriate Response

1. PERSONAL DETAILS

Surname..... Given Names.....
 Address.....Postcode.....
 Phone (h)..... (w).....(mob).....
 Email.....
 D.O.B..... Age.....
 Company Name..... Occupation.....
 Company Address.....Postcode.....

2. MEDICAL HISTORY

How long since your last medical check up?Regular Doctor's Name.....
 Are you taking any prescribed medication? YES/NO If yes, please List.....

 Have you had any major injuries/surgery during the last three years? YES/NO If yes, please list.....

 Has any of your immediate family suffered Heart Disease? YES/NO If yes, which relative and what age.....

Have you ever suffered from the following?

- | | |
|--|---------------------------------------|
| a) Asthma or breathing difficulties.....YES/NO | j) Chronic cough.....YES/NO |
| b) Pain/tightness in the chest.....YES/NO | k) Stomach/duodenal ulcer..... YES/NO |
| c) High blood pressure.....YES/NO | l) Liver/kidney condition..... YES/NO |
| d) High cholesterol/triglycerides.....YES/NO | m) Arthritis/joint pain.....YES/NO |
| e) Rheumatic fever.....YES/NO | n) Muscular pain.....YES/NO |
| f) Any heart/stroke condition.....YES/NO | o) Lower back pain.....YES/NO |
| g) Gout.....YES/NO | p) Hernia.....YES/NO |
| h) Dizziness.....YES/NO | q) Cramps.....YES/NO |
| i) Diabetes.....YES/NO | r) Circulation problems.....YES/NO |

3. LIFESTYLE

Do you consider your diet to be:	GOOD	ADEQUATE/APPROPRIATE	POOR
How do you rate your stress level?	HIGH	MODERATE	LOW
Do you smoke? YES/NO	How many per day.....		
Are you leading a sedentary lifestyle? YES/NO			

4. EXERCISE BACKGROUND

How long since you have participated in regular exercise? (maintaining an elevated heart rate for at least 30mins three times/week)
> 12 months < 12 months > 6 months < 6 months > 3 months < 3 months Currently exercising
 What activities outside the gym do you currently or in the near future participate in?

Tennis Running Cycling Walking Swimming Other.....
 Detail any of your sporting participation.....

5. GOALS AND OBJECTIVES

What are you hoping to achieve by seeing Lilly?.....

SIGNATURE..... DATE.....