

Wellness Profile (Updated September 15)

Date:

First Name:		Last Name:		
Address:		Post Code:		
Email:		Phone:		
		Mobile:		
Birthday / Age:				
Height:				
Daily Protein Requirement:		_____ spoonfuls of PPP in shakes		
BMI:	Body Fat%:	Stone	Kilos	Pounds
Current Weight:				
Target Weight / Dress Size:				
Amount To Lose:				
Target Date (Wedding / Holiday / etc)?				
Cause of Weight Gain?				
Why Now (to lose weight)?				
1.				
2.				
3.				
Diets Tried Before:				
How did they work?				
Take any Medication? No Yes Types:				
Smoker? No Yes How much:				
Health Issues or Concerns: <i>(High Blood Pressure or Cholesterol, Diabetes, Digestive problems etc?)</i>				
Energy levels?				
Fill out Daily Diet Sheet with them				
Alcohol? No Yes What kind(s):				
Drink Water? No Yes How Much:				
Downfall / weakness?	Sweets?		Savoury?	
Other Information				
Type of job:				
Exercise:				
Fit Camp invitation + Take photo (front ways and sideways) + Invite Level 10?				