

# Health History

Member's name: .....

We are going to review some standard health questions that may be relevant to your program. As you know my role is to coach you through the weight loss program and I am not trained to advise you on any medical matter. Any health or medical questions should be directed to your doctor.

Dr/health professional:.....

Dr/s Address:.....

## 1. Have you had any of the following conditions, either past or present?

If yes to questions a. to h. the member should seek advice from doctor first.

- a. Any heart condition or disease  No  Yes<sup>Dr</sup>  
Details:.....
- b. Liver failure  No  Yes<sup>Dr</sup>  
Details:.....
- c. Kidney failure  No  Yes<sup>Dr</sup>  
Details:.....
- d. History of anorexia or bulimia  No  Yes<sup>Dr</sup>  
Details:.....
- e. Currently being treated for cancer  No  Yes<sup>Dr</sup>  
Details:.....
- f. Under 15 years old \*  No  Yes<sup>Dr</sup>
- g. Medicated diabetes  No  Yes<sup>Dr</sup>  
Details:.....  
.....<sup>Dr</sup>
- h. Pregnant \*  No  Yes<sup>Ex</sup>

If commencing exercise, seek doctor's advice if yes to questions i. and j.

- i. Unstable/uncontrolled epilepsy  No  Yes<sup>Ex</sup>
- j. Blood pressure >140/90 (Today \_\_\_\_ / \_\_\_\_ )  No  Yes

## 2. Do any of the following apply to you?

If yes to questions a. or b. the member should seek advice from doctor first.

- a. Kidney stones  No  Yes<sup>Dr</sup>
- b. Gall stones  No  Yes<sup>Dr</sup>
- c. Gout  No  Yes
- d. Breast feeding \*  No  Yes
- e. Polycystic Ovary Syndrome (PCOS)  No  Yes  
Details:.....
- f. Food intolerance/allergy/restrictions  No  Yes  
Details:.....  
.....
- g. Constipation  No  Yes  
Details:.....
- h. Poor sleep  No  Yes  
Details:.....
- i. Any problems with physical activity:
  - a. back pain or injury .....  No  Yes
  - b. any joint condition .....  No  Yes
  - c. feeling faint or dizzy .....  No  Yes
 Details:.....

## 3. Other

Do you have any other medical conditions, surgeries or hospitalisations that may restrict your ability to participate in an eating and exercise program?  No  Yes

Details: .....

## 4. Privacy (For in-person clients)

This information is true and correct to the best of my knowledge. I give the centre permission to write to my doctor/s or health professional/s to notify them:

- a. that I am following a weight loss & exercise program,
- b. the results I achieve in the future, and
- c. to seek advice about any of my medical conditions.

I understand that the staff are not qualified to give medical advice and if I have any health concerns I should speak to my doctor.

Member's signature:.....

Date:.....

Staff:.....

## 5. Privacy (For online clients)

If we need to send any questions to your doctor is that ok with you?

No  Yes

### Success Steps - for centre staff

Current Weight..... kg  
 Goal Weight ..... kg  
 Kilos to Lose..... kg  
 Divide KtL by 5 = ..... kg Date achieved  
 At 20% of goal Wt ≤ ..... kg .....  
 At 40% of goal Wt ≤ ..... kg .....  
 At 60% of goal Wt ≤ ..... kg .....  
 At 80% of goal Wt ≤ ..... kg .....  
 At 100% of goal Wt ≤ ..... kg .....

### Notes:

\* Higher level of carbohydrate may be required.