

CLIENT ASSESSMENT FORM

Date:
Program:

Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address:	
Email:	Phone:

Height: _____	Weight: _____	Goal Weight: _____	Body Fat % _____
Medical History:	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	
	<input type="checkbox"/> High Chol/TG	<input type="checkbox"/> Cancer	
	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> GI(IBS)/Other	

Known Allergies:

HEALTH AND FITNESS GOALS:	
1.	
2.	
3.	

Previous weight loss experience, successes, failures, programs, etc?

Year	Type	Why did it not work out?

How many times a week do you eat out?

Days	Restaurant	Breakfast/Lunch/Dinner

What would you identify as the biggest obstacles to achieving your goals?

Medications/Supplements:		
Type:	For:	Frequency Taken:

Food Allergies:	
Food:	Reaction:

HEALTH AND FITNESS HABITS:

Exercise/week	Sedentary (No Exercise)		
	<input type="checkbox"/> 1-2 x/week	Type:	Duration:
	<input type="checkbox"/> 3-4 x/week	Type:	Duration:
	<input type="checkbox"/> 5-6 x/week	Type:	Duration:
Diet	Are you dieting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of meals you eat per day?		
Caffeine	<input type="checkbox"/> None <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Soda		
	How much per day?		
Alcohol	Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, how often?		
	How many drinks per week?		
Tobacco	Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE:	

THE COMMITMENT TO YOURSELF AND THE NUTRITION ACADEMY

I Agree to the Following (Please sign below):

I will not use foul or offensive language of any kind.

I will not ridicule or mock any other participant. The Nutrition Academy is a safe environment for everyone to share and learn good nutrition habits and I will make it a point to foster this environment. If I do hurt someone else or create an environment that is hurtful or unsafe for others, then I will be asked to leave The Academy without a refund.

I will listen to the facilitator without side talk or interruptions. If you fail to do so and the facilitator has to repeat him or herself as a result of this, you will be given one warning. If you continue to be a disruption, then you will be asked to leave the current session in the best interests of the group. However, please feel free to push and encourage each other during all other times.

I fully understand that it is entirely up to me, and me alone, to do what has to be done to get results. Therefore, I understand that:

Exercise AND Nutrition will directly affect any goals to be achieved from The Nutrition Academy (both good and bad). I FULLY understand that I should not expect noticeable results if I am less than 90% compliant to BOTH my exercise program AND my nutrition program.

I agree to come to every session with the exception of a doctor-approved absence, family emergencies, or a pre-approved absence from the facilitator. I understand that there are no refunds for absences. No exceptions! I am committed to consistently attending the scheduled sessions of The Nutrition Academy, so this is not a concern for me.

I understand that there are no refunds once The Academy started. If I cannot attend the camp, a credit will be issued for a future camp of the same length.

I will have a positive attitude, have fun and not use the words "no", "can't". Instead I will say, "I will try my best" (or something like that). I will allow the facilitators to show me a healthier lifestyle with regard to nutrition, exercise and reaching attainable goals.

Signature

Date

INFORMED CONSENT AND RELEASE OF LIABILITY

Name: _____ Date: _____

1. Purpose and Explanation of Procedure

The purpose of nutrition assessment is to evaluate body composition, nutrition habits, and develop nutrition goals based on nutritional risk. Nutrition Status is analyzed using weight scales, body fat analyzers and information provided by the client.

I hereby consent to voluntarily engage in an acceptable plan of nutrition counseling and weight management. I also give consent to be placed in nutrition program activities that are recommended to me for improvement of my general health and well-being.

If I am taking prescribed medications, I have already informed the program staff and further agree to inform them promptly of any changes my doctor or I make with regard to use of said medications. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

2. Risks:

I understand and have been informed that there exists the remote possibility of adverse changes occurring during weight loss including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm and very rare instances heart attack, stroke or even death. I have been told that every effort will be made to minimize these occurrences by proper assessments of my condition at each follow-up session and I will provide accurate information at these sessions.

3. Benefits to be expected

I understand that this program may or may not benefit my nutrition status or general health. Further, The Nutrition Academy, does not guarantee the success of the programs chosen, but agrees only to provide professional services by qualified personnel to help the client reach their goals. I recognize that involvement in the nutrition program will allow me to learn proper ways to lose weight safely and/or control my disease. Though the expected services provided meet customary standards, there are no guarantees concerning the results of the services.

4. Confidentiality and use of information

I have been informed that the information obtained in this weight management program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as it does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor and for insurance billing. Any other information obtained, however, will be used by the program staff in the course of prescribing nutrition recommendations for me and evaluating my progress in the program.

5. Consent

I do hereby agree to assume all risks and responsibilities surrounding my participation in the The Nutrition Academy program, and further, I do myself, my heirs, and personal representatives hereby defend, hold harmless, indemnify and release and forever discharge all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation. I further understand that there are also other remote risks that may be associated with this nutrition program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate. I consent to all services and procedures as explained herein and by all program personnel.

I have read and understand completely the above agreement and agree to be bound thereby.

Signature

Date