

If you have questions with this form please contact:

Name: _____

Email: _____

Sex M/F: _____

Age: _____

BMI (Approx): ____ 20-25 ____ 25-30 ____ 30-35 ____ 40+

Health history - any problems:

Goals - check all that apply so we can help you better:

Learn more for right now _____

I want to have fun with the group _____

Learn to eat healthier _____

Become active enough _____

Lose weight by diet and exercise _____

Better health _____

Other _____

Eating habits:

Eat breakfast

____ most days

____ not usually

Eat healthy breakfast

____ most days

____ almost never

Pack my own lunch

____ most days

____ no, I eat out

Cook dinner

____ most days

____ eat out mostly

Eat out

____ 1-2 times per week

____ x per week

Favorite snacks

____ fruit, yogurt veggies

____ candy, chips, crackers

Mostly drink:

____ water/plain tea or coffee

____ creamy stuff or soda

Alcohol drinks

____ 1-2 per week or none

____ more than 5 per week

Smoke

____ never

____ x per week

Favorite foods when eating out:

____ salads, soups, pasta

____ fast food, fried food

Exercise:

____ 3-7 days

____ don't have time

Top 3 goals to do right now:

____ smoke free or less alcohol

____ prepare healthier foods

____ 5-7 hours exercise/week

____ don't skip breakfast

____ choose better foods

____ choose better beverages

Realistic goal weight:

Ideal goal for weight loss:

NOTES: _____