

CLIENT PROFILE QUESTIONNAIRE

DATE: _____ HOME PHONE: _____

NAME: _____ WORK PHONE: _____

ADDRESS: _____ PAGER/CELL NO. _____

CITY/STATE/ZIP: _____ EMAIL: _____

IN CASE OF EMERGENCY, CALL: _____

GENERAL HEALTH & NUTRITION QUESTIONS

Personal Profile Information

Gender: Male Female Height: ____ / ____ Birth date: _____
Weight: _____ Body fat % _____

Weekly Exercise Information

Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

Exercise/Activity	Days/week	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifestyle / Professional Activity

How would you rate the activity level of your profession, or what you do during the day (non-exercise related).

Sedentary Moderately Active Active Very Active

What are your goals?

Weight Loss Maintain /Improve Eating Habits Gain Weight What is your goal weight?

Protein Requirements

Which best describes you?

sedentary adult exercising adult competitive athlete

CLIENT PROFILE QUESTIONNAIRE

- growing teenage athlete adult building muscle athlete restricting calories

Body Type

Which of the following statements best describes you?

- I can eat practically anything I want and I don not gain weight. I find it very hard to gain weight.
 I can lose or gain weight by adjusting my activity level and eating habits.
 I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

Health & Medical Conditions

Check any that apply or describe any other(s).

- | | | |
|---------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> heart disease | <input type="checkbox"/> anemia | <input type="checkbox"/> hypoglycemia |
| <input type="checkbox"/> liver disease | <input type="checkbox"/> kidney disease | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> pancreatic disease | <input type="checkbox"/> lactation | <input type="checkbox"/> hypertension |
| <input type="checkbox"/> other _____ | | |

Please list below everything you eat in one 24 hour period. Be sure to include snacks and beverages, including water. Also, show approximate amounts.

Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____
Time: _____	Food/Beverage: _____

Make a list of your favorite foods.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CLIENT PROFILE QUESTIONNAIRE

Make a list of foods that you dislike.

_____	_____
_____	_____
_____	_____
_____	_____

What time do you normally wake up? _____

What time do you normally go to bed at night? _____

If you smoke, how many per day? _____

If you smoke, how many years have you smoked? _____

If you drink alcoholic beverages, what and how many per day? _____

Are you allergic to any types or kinds of foods? _____

Have you ever been placed on any type of nutritional program in the past? Yes No

If yes, by whom and what did it consist of? Please explain below.

What were your results?

Have you ever had your body fat tested? Yes No

If yes, how was it tested and when? _____

I, _____ AGREE TO ALLOW _____, WEIGHT MANAGEMENT CONSULTANT, TO DESIGN A WEIGHT MANAGEMENT PROGRAM FOR ME TO ENHANCE MY HEALTH & FITNESS GOALS. I WILL FOLLOW THAT PROGRAM TO THE BEST OF MY ABILITY AND I WILL NOT HOLD _____ OR ANY ONE RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EATING HABITS. I UNDERSTAND THAT _____ IS NOT A REGISTERED OR LICENSED DIETITIAN, NOR A MEDICAL PRACTITIONER. THIS WEIGHT MANAGEMENT PROGRAM DOES NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE DOCTOR. I HAVE GIVEN _____ ALL NECESSARY INFORMATION ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

Signature: _____ Date: _____

CLIENT PROFILE QUESTIONNAIRE

Sellers (Consultant) and Purchasers (Client)

Hold Harmless and Indemnification Agreement

I, _____, the undersigned (“the Purchasers”) hereby warrants that I will indemnify and hold harmless **Jennifer DeLuccia of Body Train, LLC and Classic Athletic Club** and known hereafter as (“the Sellers”), and its officers, directors, agents and employees. This indemnification and hold harmless warranty extends to Sellers, individually and separately, and, the corporation’s successors, and subsidiaries, as against any and all claims, demands, actions, and causes of action, including personal injury, and all other liability whatsoever, including, but not limited to, costs, attorney’s fees and/or judgments which arise out of the use of the DietMaster Pro weight management program.

The undersigned, as Purchaser(s) further warrant the program is to be utilized within the State(s) of New Jersey, and it will hold harmless and indemnify the Sellers corporation, its agents, directors, officers, employees and individuals named in paragraph one of this Hold Harmless and Indemnification Agreement, against any and all claims for liability and/or damages, arising from any and all violation(s) of Codes, Statutes, Licensing Procedures, Licensure Examinations and/or Registration Requirements, of such state(s), which govern the practice of dietetics and/or weight management and/or nutritional counseling and/or advise, whether known or unknown to the Purchaser(s) at the time of purchase and subsequent use with the public of the DietMaster Pro weight management software program(s). Such indemnification includes, but is not limited to costs, attorney’s fees, and damages, whether or not reduced to judgment and judgments which might arise from such claims, law suits, and/or administrative filings.

The indemnification includes all costs and attorney fees incurred by the Sellers in the investigation and defense of any claim enumerated in paragraphs preceding prior to a determination of an exact date of an occurrence and/or incident and/or violation upon which such alleged claims may be based.

It is further understood and agreed by the Purchaser(s), that the consideration for this Indemnification and Hold Harmless Agreement, benefiting the Seller, its agents, directors, officers, employees and the individuals named in the paragraphs preceding is the “weight management software content of the program”.

Signature of Purchaser(s), confirms that Purchaser(s) have agreed to be bound by the terms of the Indemnification and Hold Harmless Agreement and are contractually bound to indemnify the Sellers and its agents, directors, officers, employees and the individuals named in paragraphs preceding, and such obligation includes the responsibility to pay any and all costs and attorney’s fees which may be incurred by the Buyer in defending its agents, directors, officers, employees and individuals named in the paragraphs preceding.

Seller’s Name _____

Signature _____

Date _____

Purchaser’s Name _____

Signature _____

Date _____