IMPACT Remote Academy

In health there is freedom…. IMPACT your life

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

EMAIL: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

How did you hear about us? Social Media: ☐ Facebook ☐ Instagram ☐ Google ☐ TV AD

Friend (name) _____

GENERAL INFORMATION & LIFESTYLE CHOICES:

Do you eat breakfast? ☐Y ☐N if Yes, typical breakfast _____

Are you a snacker ☐Y ☐N

Are you a meal skipper ☐Y ☐N typical snacks and when _____

Are you a stress eater ☐Y ☐ Is food a comfort for you? ☐Y ☐N

Do you like to cook? ☐Y ☐N

On a scale of 1-10 (1 being low) How important is SELF-CARE: OVERALL HEALTH:

BOUNDARIES EXERCISE

Personal Struggles:

NUMBER #1 HEALTH CONCERNS:

☐ Cancer Bone & Joint ☐Premature Aging ☐Stress ☐Alzheimers/Dementia

☐ Inflammation ☐Sleep Patterns ☐Weight Issues ☐Diabetes ☐Mental Acuity ☐ Energy Levels

☐ Mood Swings ☐Vision (AMD?) ☐Heart Disease ☐ Periodontal Health ☐Immune Function

MEDICAL HISTORY:

☐ Depression ☐ Epilepsy ☐ Headache ☐ Arthritis ☐ High Blood Pressure ☐ Kidney Disease ☐ Anemia

☐ Heart Attack ☐ Hypoglycemia ☐ Neck Pain ☐ Gallbladder ☐ Intestine Problems ☐ Thyroid Disease

☐ Diabetes ☐ Cancer ☐ Dizziness ☐ Gout ☐ High Cholesterol ☐ Carpal Tunnel ☐ Heartburn

☐ Poor Sleep ☐ Mid Back Pain ☐ Low back Pain ☐ Shortness of Breath

Other (List) _____

Primary Care Physician: _____

List Medications: _____

_____

List Surgeries: _____

Allergies: _____

HISTORY:

How long have you been overweight: _____

Have you tried to lose weight in the past: How? _____

Top 2 Reasons you want to Lose weight? 1)_____ 2) _____

What can you attribute your weight gain to? _____

On a scale of 10-1 (10 = Great, 1 = POOR) What is your ENERGY level? _____ How do you SLEEP?_____

GOALS:

What is your goal weight? _____When was the last time you were that weight? _____

How much weight have you gained & lost in the past? _____

SUPPLEMENT ASSESSMENT:

Do you take supplements? _____ Why or why not _____

_____ If

yes, how did you select your supplements? _____

_____

COMMITMENT TO CARE:

Are you willing to resolve your concerns?

☐ Low Commitment ☐ Medium Commitment ☐ High Commitment ☐ Just Don't Know

On the scale of 1-10 - I want to start right now on my journey to health: _____1-10

(10 meaning "I'm fully committed, 1 meaning "Not Interested")

OMIT: _____