DETOX & BALANCE
HEALTH QUESTIONNAIRE

1. Personal data

Surname: _____

Name: _____

Adress: _____

Date of birth: _____ Weight kg: _____ Desired weight kg: _____ Height cm: _____

Circumference Measure at navel level: _____ Circumference measure at hip height: _____ Circumference measure on thigh: _____

2. Medical history

1. Have you had surgery and/or accidents

☐ Yes ☐ No

If yes, please specify which and when: _____

2. Are you suffering from

Diabetes ☐ Yes ☐ No Varicose veins ☐ Yes ☐ No Allergies ☐ Yes ☐ No

Joint Diseases ☐ Yes ☐ No Circulatory Diseases ☐ Yes ☐ No

Cardiovascular Diseases (heart attack, pacemaker, angina pectoris, arrhythmia, etc.) ☐ Yes ☐ No

Internal organ Diseases (kidneys, lungs, abdominal organs...) ☐ Yes ☐ No

Please detailed all questions answered with yes and list all medications:

_____

Do you have limitations or diseases of the musculoskeletal system? ☐ Yes ☐ No

If yes, which ones: _____

Are you in medical treatment: ☐ Yes ☐ No

If yes, why: _____

Lifestyle:

☐ employed, what profession: _____

☐ compulsory school attendance ☐ Shift work ☐ Field service ☐ in training/studies

☐ Amateur athletes, types of sport, how often: _____

3. Current (nutritional) situation:

What weight loss efforts have you made so far? _____

Do you eat regularly (3, 4 or 5 meals a day)? _____

Do you eat between meals? ☐ Yes ☐ No Meal plan: ☐ I cook myself ☐ I eat out regularly

Do you have food cravings or snack frequently? ☐ Yes ☐ No Sleep quality: ☐ rested ☐ not rested

Smoking, alcohol: _____

My goals

In the next 6 months I would like to achieve the following: _____