

MEAL PLAN ORDER & QUESTIONNAIRE

Welcome and congratulations on taking the first step for making changes in your life.

In order for me to provide you with a customised weight management and/or meal plan that is tailored to your specific needs, a little information is required.

Please fill in the form and send it back to me via email or contact me for a FREE initial consultation. After receiving your form, I will get into contact with you and we can go from there.

Please note that the information you provide will be kept strictly confidential and will not be shared with any third party (GP, Health Care Provider, or any other) without our consent. If you decide not to go ahead with the plan, the information you have given will be destroyed after 7 days.

Thank you – and I look forward to support you on your journey !

~ Isabel ~

What kind of Meal Plan would you like ? (please refer to the meal plan options on my website)	
Do you refer to a special offer or have a CODE to apply ?	
How many meals per day do you eat ?	
What is your goal weight ?	
Do you have a deadline ? If yes, by when ?	
Gender	
Age	
Current Height (in cm)	
Current Weight (in kilo)	

<p>ACTIVITY LEVEL Which best describes you:</p>	<p>SEDENTARY Activities of daily living only, such as shopping, cleaning, watering plants, taking out the rubbish, walking the dog, mowing the lawn and gardening / No moderate or vigorous activities / Unless you do at least 30 minutes <i>per day</i> of intentional exercise, you are considered sedentary</p>
	<p>LIGHTLY ACTIVE Activities of daily living only, such as shopping, cleaning, watering plants, taking out the rubbish, walking the dog, mowing the lawn and gardening PLUS : DAILY EXERCISING for 30 minutes</p>
	<p>ACTIVE Activities of daily living only, such as shopping, cleaning, watering plants, taking out the rubbish, walking the dog, mowing the lawn and gardening PLUS: DAILY EXERCISING LIKE WALKING for 1 hour and 45 minutes / Spending a good part of the day doing some physical activity (e.g. waitress, mailman)</p>
	<p>VERY ACTIVE / ATHLETIC Activities of daily living only, such as shopping, cleaning, watering plants, taking out the trash, walking the dog, mowing the lawn and gardening PLUS : DAILY EXERCISING LIKE WALKING for 4 hours and 15 minutes / Spending most of the day doing heavy physical activity (e.g. bike messenger, carpenter)</p>

Do you have any health risks, such as:	High blood pressure
	Heart disease
	Diabetes
	Osteoporosis
	Liver or Kidney disease
	Pregnancy
	Eating disorder
Do you have any other health concerns that are not listed here and you feel you should mention ?	Other :
Do you have any dietary restrictions or food allergies ?	
Do you have any physical limitations ?	
What area do you want to focus on first in your plan ?	Nutrition
	Physical activity
	Creating good habits

Awesome ! All done

You are on your way !

After receiving your order form, I will contact you.

~ Isabel ~