



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: _____

