



We are looking forward to your SHAPE ReClaimed appointment and we hope you are too! This appointment usually takes about an hour.

Please be ready for a URINALYSIS the moment you walk in the door! Drink water on the way here if needed.

Please fill out the following questions and bring it with you to your appointment when we will discuss it in detail. If we sent you a questionnaire to your email, please do that before you come as well. **Also bring any meds and supplements you are currently on.**

Health Goal: Why did you want to do this program?

Weight Goal: _____

What things can't you do due to Pain/Inflammation/ Weight that you wish you could?

Occupation: _____

Health Issues: _____

Have you been formally diagnosed by a physician with Diabetes, Insulin Resistance, or Thyroid Issues?

Do you have a history of any of the following? Circle those that apply.

Gall Stones, Gall Bladder Attacks, Gall Bladder Surgery, psoriasis, eczema, rashes, fungus, headaches, Ear/hearing trouble, Eye/seeing trouble, Muscle tightness, cramping, spasms, anger

How many bowel movements in a day? _____

Do you struggle with diarrhea or constipation? _____

Are you a fast, normal or slow eater? _____

Do you have trouble swallowing? _____

Digestion: belching, acid reflux, bloating, stomach pain? _____

Hydration, How many glasses of water do you drink per day: _____

Healthy fats/oil currently used: _____

Exercise before SHAPE? what: _____

Family History: _____

Current Medications: _____

of Current Medications total: _____

Food Sensitivities: _____

Nutrition Supplements: _____

Possible roadblocks you can anticipate about yourself: _____

How many meals do you eat each day? _____

Do you snack between meals? What time usually? _____

Do you mostly cook at home or do you mostly eat out? Cook eat out

Are you an emotional eater? Yes no

If yes, what emotion causes you to eat: ANGER SADNESS HAPPINESS GRIEF ANXIETY DEPRESSION OTHER

What food is your favorite/your weakness? _____

Do you crave sweets or salty? _____

Do you eat out of boredom? Yes no

Do you have trouble falling asleep or staying asleep? _____

How many times do you get up to go to the bathroom during the night? _____

What is your stress level? Low med high