

Customer Profile (Updated January 2011)

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|---|------------|----------------------------------|----------|------------|
| First Name: | | Last Name: | | |
| Address: | | | | Post Code: |
| Email: | | Phone: | | |
| | | Mobile: | | |
| Birthday / Age: | | | | |
| Height: | | | | |
| Daily Protein Requirement: | | _____ spoonfuls of PPP in shakes | | |
| BMI: | Body Fat%: | Stone | Kilos | Pounds |
| Current Weight: | | | | |
| Target Weight / Dress Size: | | | | |
| Amount To Lose: | | | | |
| Target Date (Wedding / Holiday / etc)? | | | | |
| Cause of Weight Gain? | | | | |
| Why Now (to lose weight)? | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Diets Tried Before: | | | | |
| How did they work? | | | | |
| Take any Medication? No Yes Types: | | | | |
| Smoker? No Yes How much: | | | | |
| Health Issues or Concerns (<i>High Blood Pressure, Diabetic, Cholesterol, etc</i>)? | | | | |
| | | | | |
| Meals Taken? | Breakfast | Lunch | Dinner | |
| Main Meal? | Breakfast | Lunch | Dinner | Time: |
| Snacks? | Morning | Afternoon | Evening | |
| Alcohol? No Yes What kind(s): | | | | |
| Drink Water? No Yes How Much: | | | | |
| Downfall / weakness? | Sweets? | | Savoury? | |
| Other Information | | | | |
| Exercise: | | | | |