

OptimumAthlete.com

"Facilitating your choice to better Health"

Marc Voit

Professional Triathlete, Coach, Clinical Nutritionist

Please Complete as much as possible. Please read and sign page 4

Name _____ Sex _____ Date _____
Birth date _____ Height _____ Weight _____ Body Fat _____

Blood Pressure _____

Do you wish to consult for?

- ___ For Nutritional Consultation
___ For Fitness Program
___ For Complete Wellness Plan (physical, nutritional)

Do you feel you are basically healthy? _____

What are your primary Health concerns?

*What is your primary Goal? _____

Family Health History

Member	Age if living	State of health	Age at death	Cause of death or poor health concerns
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother	_____	_____	_____	_____
Sister	_____	_____	_____	_____
Children	_____	_____	_____	_____

Family Health Occurrences

Diabetes _____ Allergy _____ Lung Problems _____
Heart Disease _____ Asthma _____ Digestive Problems _____
High Blood Pressure _____ Cancer _____ Migraines _____
Convulsions _____ Arthritis _____ Ulcers _____
Other _____

Work

Present occupation _____

Previous occupation/date _____

Single ___ Married ___ Widow ___ Divorced ___

Live with Family ___ Alone ___ Other ___

Do you smoke? ___ if so how long ___ How much? ___

Do you use caffeine? ___ How much? ___ Type? (coffee, Tea Other) _____

How many hour /week do you exercise?

What aerobic exercises?

What is you favorite (yoga,running,swimming)?

Past scholastic sports?

What level (Recreational, H.S., Colligate)?

What is most % of intensity during workouts? 60%-100% Heart rate?

Do you lift weights?

What are the sets and reps?

Where do you workout?

Average workout week? Mon thru-Sunday

What motivates you to workout?

Training partner__ Aesthetic looks__ Good Health__ Physical performance__
Spouse__ God__ Children__ Poor eating habit__

Have you had a stress test?

What is max Heart rate?

What is resting Heart rate?

What is Anaerobic Threshold?

What is VO2MAX?

What sports injuries in past? (Shin splints, hamstring pull, IT band, knee pain, etc.)

What supliments, if any do you take? (Immune Function)

What supplements during workouts/races? (Sports Nutrition)

How many servings of fruits and vegetables do you average /day?

What types of protein do you like/eat?

What are top 3 foods you enjoy?

Where do you do food shopping?

What diets have you been on?

Have you had eating disorder? When/type

Do you get massage?

Do you get chiropractic treatment?

Name and phone #of physician?

**If you have a blood/lipid profile please bring during 1st consultation or email

Past History

Please check for any yes answer

Fever, chills, night sweats__

Diabetes or sugar in urine

Hypoglycemia__

Frequent dizzy spells__

Kidney Stones__

Do you feel anxious, depressed

Or irritable__

Trouble dealing with stress__

Hay fever or sinus trouble__

Goiter or thyroid trouble__

Asthma__

Cough__

Pain in Chest__

High Blood Pressure__

Frequent Colds or Flu__

Feel tired after eating__

Constipation? Or blood in bowel movements__

Severe or frequent headaches__

Frequent indigestion or gas__

Urinating problems (blood, frequency, burning)__

Hearing trouble__

Arthritis__

Diarrhea__

Periods of unconsciousness__

Heart trouble__

Skin rashes__

Trouble sleeping__

Swollen Lymph Glands__

Mucous in chest or bronchial area__

Operations/Injuries (when)

Women

Number of pregnancies__

Number of children__ Ages_____

Health of children

Excellent (very little if no flu/colds, no pharmacological drugs, good body BMI, great bowel health)__

Good (1-2 illness/year, pharmacological drugs once a while)__

Fair (sick 4-5 times/year, high BMI, constipation occasionally)__

Poor (sick many times/year or degenerative disease prevalent, constipation-1 to 4 times/week)__

Agreement and Understanding Prior to consultation

Prior to retaining the services of *OptimumAthlete.com* I certify that I understand the following:

I, _____, the undersigned, do hereby acknowledge that Marc Voit states to me that he is an educator and holistic health counselor and that he is not a licensed medical doctor.

I state that I come to OptimumAthlete.com with the purity of purpose of seeking more information.

I understand OptimumAthlete.com sole intention is to offer to me general educational information I request. If I use this information to choose a proactive approach to wellness then I affirm that the responsibility is mine.

I understand Marc Voit to state one should never use his information in any way that contradicts, opposes, or conflicts a course of treatment recommended by a medical doctor. If I ever perceive or feel that information given by OptimumAthlete.com opposes a licenses medical doctor's treatment or recommendations, OptimumAthlete.com strongly advises me to follow the advice and instructions of my licensed primary health care provider.

I live in a country founded on freedom and self-determination, and dedicated to life, liberty under God. The gift of Choice I understand to be a powerful determinant to health. To choosing the right environmental factors whether right or wrong will guide my fate in the area of health.

I, the undersigned, do hereby voluntarily state to understand and acknowledge as accurate all the above comments.

Date _____

Signature _____

Name _____

Address _____

Telephone/Email _____

Fees \$95.00