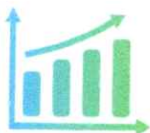

MOXIFIT Health & Wellness Profile

GENERAL INFORMATION

First Name: ____________ Last Name: ____________________ Date: ________

Address: ______________________________________ Apt/Unit #: ________

City: __________________________ State: _____________ Zip: _________

Phone: _______________ Email: ___________________________________

Date of Birth: ______________ Age: ______ Height: _________

Profession: _______________ How did you hear about us?__________________

PERSONAL INFORMATION

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Current Weight: ______ Goal Weight: ______

Number of Children: ___ How many currently live with you and their ages: ____________

Do you smoke? ☐Y ☐N If yes, how much ________

Do you Exercise? ☐ Y ☐ N If yes, what kind? ______________________________

How often? ☐ Daily ☐ Weekly ☐ Other

Have you dieted before? ☐ Y ☐N If yes, please specify: _____________________

____

Do you have sleep apnea? ☐ Y ☐ N Do you use any sleep aids or medication? ☐ Y ☐ N

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

On a scale from 1(very unhealthy) to 10 (very healthy), rate the following:

Stress _____ Diet _____ Movement _____ Sleep _____ total hours: ____

Would you consider your daily activity as:

☐ Sedentary ☐ A little active ☐ Active ☐ Extremely active

Which do you prefer? ☐ Sweet Foods ☐ Salty Foods ☐ Fatty Foods

How many glasses of water do you drink per day? _____ glasses

How many 8 oz. cups of coffee do you drink per day?

_____ cups ☐ Black ☐ Cream ☐ Sweetener

Do you drink tea? ☐ Y ☐ N ☐ Black ☐ Green ☐ Sweet ☐ Unsweetened

Do you drink soda pop? ☐ Y ☐ N ☐ Diet ☐ Regular ☐ None

Do you drink alcohol? ☐ Y ☐ N If yes, what type and how often?______________________________

Are you able to stop drinking alcohol to lose the weight? ☐ Y ☐ N

Are you a stress eater? ☐ Y ☐ N ☐ Emotional ☐ Impulsive

COACHING INITIATIVES

I am motivated by (check all that apply):

☐ Words (memes or text) ☐ Additional education (books, handouts, podcast)

☐ Challenges (group and individual) ☐ Learning new things (cooking videos, new practices, new foods)

I prefer the coaching style (check all that apply):

☐ Tell me what to do ☐ Teamwork ☐ Towards change ☐ Personal growth

☐ With specific goals ☐ No personal changes diet only ☐ Intuitive/solution-focused

What do you feel are your personal triggers (check all that apply):

☐ Stress ☐ Boredom ☐ Anxiety ☐ Surroundings (sights, smells & sounds)

☐ Emotions (positive or negative) ☐ I don't know

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

EATING PATTERNS

Breakfast

Do you eat breakfast every morning? ☐ Yes ☐ Sometimes ☐ Never Approximate time: _____

Examples of breakfast foods: ______________________________

____

Do you snack before lunch? ☐ Yes ☐ Sometimes ☐ Never Approximate time: __________

Examples of snack foods: ______________________________

____

Lunch

Do you eat lunch every day? ☐ Yes ☐ Sometimes ☐ Never Approximate time: __________

Examples of lunch foods: ______________________________

____

Do you snack before dinner? ☐ Yes ☐ Sometimes ☐ Never Approximate time: __________

Examples of snack foods: ______________________________

____

Dinner

Do you eat dinner every day? ☐ Yes ☐ Sometimes ☐ Never Approximate time: __________

Examples of dinner foods: ______________________________

____

Do you snack at night? ☐ Yes ☐ Sometimes ☐ Never Approximate time: __________

Examples of snack foods: ______________________________

____

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

GENERAL

On a scale of 1 - 10

1) Indicate how important losing weight is for you? _______ improving overall health?________

Rate your stress level on a scale of 1 - 10 for the following categories:

_____ Work/Professional _____ Family/Relationships _____ Finances _____ Health _____ Self-Related

Please explain what prompted you to call us:

____

____

Please answer Yes (Y) or No (N) to the following:

_______ I am prepared and open to learning how to develop new practices & habits.

_______ I am aware that my current habits created the body that I live in, and I am ready to change.

_______ I am prepared to speak up for myself regarding my nutritional and health needs.

_______ I am prepared to commit to changing even when it is not easy.

ALLERGIES

Do you have any food allergies or sensitivities? ☐Y ☐N

If yes, please specify: ____

____

MEDICAL INFORMATION

Who is your primary care physician (family doctor)?

Dr. ______________________ Speciality: ________________ Patient since: __________

Dr. ______________________ Speciality: ________________ Patient since: __________

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

DIABETES N/A________ (initials)

Do you have diabetes? ☐Y☐N If NO, please skip this section

If yes, which type:

☐ Type I: Insulin-Dependent (insulin injections only) **TYPE 1 - MUST DO FLEX DIABETIC PLAN**

☐ Type II: Non-dependent (diabetic pills)

☐ Other: Insulin-dependent (diabetic pills & insulin)

Is your blood sugar level monitored?☐Y ☐N If yes, how often? ____________________

By whom? ☐ Self ☐ Physician ☐ Other Please specify ____________________

Note: If you are currently on a Sodium-Glucose Co-Transporter Inhibitor (SGLT-2)

YOU MUST DO FLEX DIABETIC PLAN.

ENDOCRINE FUNCTION N/A________ (initials)

Do you have thyroid problems? ☐Y ☐N If NO, please skip this section

☐ Hypo ☐ Hyper ☐ Hashimoto's

If yes, please specify: ____

Do you have parathyroid problems? ☐Y ☐N

If yes, please specify: ____

Do you have adrenal gland problems? ☐Y ☐N

If yes, please specify: ____

Have you been told you have Metabolic Syndrome? ☐Y ☐N

CANCER N/A________ (initials)

Do you have cancer?☐Y ☐N If yes, what type and where: ____________________

Have you ever had cancer?☐Y ☐N If yes, what type and where: ____________________

Is your cancer in remission?☐Y ☐N If yes, how long: ____________________

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

CARDIOVASCULAR FUNCTION N/A _______ (initials)

Have you had any of the following conditions?

- ☐ Arrhythmia
- ☐ Blood Clot
- ☐ Coronary Artery Disease
- ☐ Heart Attack When? _______________
- ☐ Heart Valve Problem
- ☐ Heart Valve Replacement (Porcine/mechanical)
- ☐ Pacemaker or Defibrillator
- ☐ Hyperlipidemia (high cholesterol/triglycerides)
- ☐ Hyperkalemia (high potassium)
- ☐ Hypokalemia (low potassium)
- ☐ Hypertension (high blood pressure)
- ☐ Pulmonary Embolism
- ☐ Stroke or Transient Ischemic Attack
- ☐ Current Congestive Heart Failure
- ☐ History of Congestive Heart Failure

  When? _______________________

Have you had any type of heart surgery? ☐ Y ☐ N

If yes, which type: ____________________

Do you check your blood pressure regularly? ☐ Y ☐ N How often? ______________________

Are you currently taking any Blood Pressure medications? ☐ Y ☐ N

Has your physician restricted your sodium intake? ☐ Y ☐ N

LIVER FUNCTION N/A _______ (initials)

Have you ever had any liver conditions? ☐ Y ☐ N Date: _________________

If yes, please list: ____

Have you ever had a gallstone incident? ☐ Y ☐ N

Do you still have your gallbladder? ☐ Y ☐ N

 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

KIDNEY FUNCTION N/A________ (initials)

Have you had any of the following conditions?

☐ Kidney Disease (NPA)

☐ Kidney Stones

If yes, when was your last episode?

____

How was it resolved? ________________

☐ Kidney Transplant

If yes, when? ________________

Do you presently have gout? ☐Y ☐N

If yes, since when? ________________

If yes, what medication has been prescribed?

____

If no, have you ever had gout? ☐Y ☐N

If yes, when? ________________________

If yes to any of these events, please give dates. For multiple events please specify:

____

____

COLON FUNCTION N/A________ (initials)

Do you have any of the following conditions?

IF YES, CANDIDATE FOR FLEX DIGESTIVE PLAN

☐ Constipation *(occasional or chronic)*

☐ Diverticulitis

☐ Ulcerative Colitis

☐ Diarrhea *(occasional or chronic)*

☐ Crohn's Disease

☐ Irritable Bowl Syndrome

DIGESTIVE FUNCTION N/A________ (initials)

Do you have any of the following conditions?

IF YES, CANDIDATE FOR FLEX DIGESTIVE PLAN

☐ Acid Reflux ☐ Gluten Intolerance ☐ Heartburn

☐ Gastric Ulcer ☐ Celiac Disease ☐ Bariatric Surgery

If yes to bariatric surgery, what type & when? ________________________________

IF SURGERY WITHIN 0-24 MONTHS, CANDIDATE FOR FLEX BARIATRIC PLAN

Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

OVARIAN/BREAST FUNCTION N/A________ (initials)

Do you have any of the following conditions?

- ☐ Amenorrhea (no menstruation)
- ☐ Irregular Periods
- ☐ Fibrocystic Breasts
- ☐ Heavy Periods
- ☐ Painful Periods
- ☐ Hysterectomy
- ☐ Menopause
- ☐ Uterine Fibroma

Date of last menstrual cycle: ________________ Are you taking oral contraceptives? ☐Y ☐N

Are you pregnant? ☐Y ☐N

Are you breast feeding? ☐Y ☐N **IF YES, REVIEW SPECIFICS, MUST DO MOXI MOMMA FLEX PLAN**

NEUROLOGICAL/EMOTIONAL FUNCTION N/A________ (initials)

Do you have any of the following conditions?

- ☐ Alzheimer's Disease
- ☐ Depression
- ☐ Anorexia (history of)
- ☐ Epilepsy
- ☐ Panic Attacks
- ☐ Bipolar Disorder
- ☐ Bulimia (history of)
- ☐ Schizophrenia
- ☐ Anxiety
- ☐ Parkinson's Disease

Other: ____

INFLAMMATORY CONDITIONS N/A________ (initials)

Do you have any of the following conditions?

IF YES, CANDIDATE FOR FLEX CALMING PLAN

- ☐ Chronic Fatigue Syndrome
- ☐ Multiple Sclerosis
- ☐ Rheumatoid Arthritis
- ☐ Lupus
- ☐ Migraines
- ☐ Osteoarthritis
- ☐ Psoriasis
- ☐ Fibromyalgia
- ☐ Sarcoidosis

Other autoimmune or inflammatory conditions: ________________________________

10/6/21 Copyright 2021 Moxifit Body Fuel LLC. All rights reserved.

MEDICATION & SUPPLEMENTS

None _______ (initials)

Please list all prescriptions, medications, & supplements you are currently taking (Refer to the examples in the first line)

Name of medication	Milligrams* per capsule	Number of capsules per day	Number of doses per day	Prescribing doctor	Reason for taking this medication
Levoxyl	15mcg	1	1 x a day	Dr. John Doe	Thyroid

*or grams, mEg or dosage unit your doctor prescribes you

 Copyright © 2021 Moxifit Body Fuel, LLC. All rights reserved.

MEDICAL DISCLAIMER & WAIVER

I, ______________________________ understand, acknowledge, and affirm the following:
______Spine Design______ (clinic name), is not a medical facility, and its consultants and staff cannot, have not, and will not give medical advice, diagnosis or treatment, whatsoever.

Nothing discussed, nor any information, or products provided to me by ____Spine Design____ (clinic) or the Moxifit Program in any way constitutes medical advice or a diagnosis.

Any reports, information, documentation, or advice generated or provided to me by ____Spine Design____ (clinic) is for my education or knowledge and does not constitute or substitute for a physician or healthcare professional consultation, evaluation, or treatment.

I, _____ (initial) acknowledge that it is my responsibility/choice to consult with my physician prior to beginning the Moxifit Program or any weight loss program. I declare that I have been advised by ____Spine Design____ (clinic) to seek the advice of my physician regarding any health questions I may have.

I, _____ (initial) recognize that Moxifit is a weight-loss program and any information provided by ____Spine Design____ (clinic) is for my knowledge only and does not substitute for professional medical advice.

I, _____ (initial) declare that I have not, and will not, rely on any information provided to me by ____Spine Design____ (clinic) or its consultants, staff or representative as an alternative to medical advice from my doctor or professional healthcare provider.

By signing this disclaimer and waiver I, ______________________________ (printed name) do hereby release, remiss, acquit and forever discharge ____Spine Design____ (clinic) respective past, present and former parents, subsidiaries, employees, agents, representatives, consultants, attorneys, fiduciaries, servants, officers, directors, general partners, limited partners, members, participants, predecessors, affiliates, corporate divisions, successors, and assigns of, from and against any and all causes of action, claims, demands, damages, costs, losses, injuries, and suits of any kind or nature, known or unknown, existing, claimed to exist or which can be hereinafter ever arise out of result from or in connection with any act, omission, failure to act, breech of conduct suffered to be done or omitted to be done arising directly or indirectly from my participation in the Moxifit program.

CLIENT SIGNATURE: ______________________________ DATE: ____________________

CLINIC SIGNATURE: __________-__________________ DATE: ____________________

Payment Policies

PAYMENT FOR YOUR FIRST DAY'S SERVICES IS DUE AT THE COMPLETION OF YOUR OFFICE VISIT.

Method of payment for today's charges will be: ☐ Cash or ☐ Visa/MC ☐ AmEx ☐ Discover ☐ HSA/debit

(* Please note - Credit cards/debit/HSA cards will be subject to 3% processing fee)

MOXIFIT™

Just Say NO to Alcohol!

We DO NOT allow any consumption of alcohol while rebuilding your body on the Moxifit program.

DRINKING ALCOHOL WHILE ON THIS PROGRAM:

- There is a greater risk to quick intoxication.
- Weight loss will slow down – the liver must first detox the alcohol before it can be of assistance in burning fat.
- Can remove inhibitions, resulting in eating things you were not planning to eat or needing to eat. Thus inhibiting your weight loss.
- You will experience worse hangovers, as well as a slower overall recovery.

Drinking alcohol =
SLOWER weight loss or NO weight loss at all.

DO NOT DRINK AND DRIVE.

No one should ever drink and drive. However, when on a this program, it is crucial to refrain from drinking and driving.

There are various alternative beverages you can choose from. Ask your coach for approved beverages. Get creative, and your body will thank you!

I have read and understand the dangers of consuming alcohol while on program.

Signature ________________________________ Date ___________________

Copyright © 2020 Moxifit Body Fuel, LLC. All rights reserved.