

## New OA and OA/HOW clients questionnaire

This helps me tailor your plan to you

The following are the things I need to know. You can elaborate on anything you want. Believe me, I've seen and heard everything and done a lot myself. : )

Face to face is best if you live local (Detroit area) but this has worked so far with my people out of town/state/country

Email this back to me at [lisa@lisamerrill.com](mailto:lisa@lisamerrill.com) or

You can fax it to me too 734-284-8590

Fees for nutrition plan, mailed pack of information containing my assessment and other things + 1 month (or so) unlimited phone/email time aftercare \$110

Add the exercise plan + \$20

You don't pay me til after my work is done (you will have your plan emailed and my pack of info snail mailed)

\$15/mo afterwards for continuous support or \$15 just here and there as needed.

### ABOUT YOU

- Any "story" or history that you think is important that I know and help me get to know and understand you better. You can include weigh history, life altering events, any gastric bypass surgery etc
- Age
- Height
- Weight
- Where you want to be, if you're not there yet. And if you don't know we can always come up with something and re-negotiate it later
- Anything I need to know about your job, your schedule, kids, etc

### MEAL PLAN

- Do you want 3 meals and 3 snacks
- Or just 3 meals
- Or any combination
  
- What time do you normally eat your meals

- What is your current plan if you have one
- What do you like about it, or want to change
- What foods do you currently plug in to this plan?
- Any food allergies
- What are your trigger foods
- What is safe, what is not
- What are your favorite (non trigger foods) and what do you hate
- Is it “safe” for you to know your calorie level or do you want me to keep this to myself. You won’t be counting cals, that’s my job.

#### MEDICAL HISTORY

- Anything medically I should know that wasn’t mentioned initially
- Medications?

EXERCISE (let me know what you do even if you’re not having me do the exercise assessment, I need to know so I make sure your calories are appropriate based on your activity). If I am doing the assessment please be detailed.

- Any orthopedic limitations to exercise or medical issues
- What do you like to do
- Hate
- Have access to at a gym or home
- Wish to learn
- Anything else you have an opinion on

HOME ADDRESS or wherever you want me to send my pack of info.