

CLIENT INTAKE FORM

Coach:



updated 15th January 2024

Version: 2024-1.0

A) Personal Information

Date of form completion:

Title – Mr/Mrs/Ms/Miss

Gender: ☐ Male ☐ Female

First Name:

Age:

Last Name:

Weight: kg

Date of Birth (mm/dd/yyyy):

Desired Weight: kg

Street:

Height: cm

City/Postcode:

Waist (at naval): cm

Email:

Hips: cm

Phone:

Upper Thigh: cm

Emergency contact:

Emergency contact number:

How did you find out about metabolic balance®?

B) Nutritional Information

I eat everything ☐

I refuse to eat:

<input type="checkbox"/> Natural Yoghurt	<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese	<input type="checkbox"/> Poultry
<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Meat	<input type="checkbox"/> Sprouts	<input type="checkbox"/> Legumes
<input type="checkbox"/> Goat milk	<input type="checkbox"/> Fish	<input type="checkbox"/> Seafood	<input type="checkbox"/> Any Soy
<input type="checkbox"/> Camel milk			

Other foods I refuse to eat:

C) Medication

I am not taking any prescribed medications ☐

I am taking

<input type="checkbox"/> Anticoagulants (warfarin)	<input type="checkbox"/> Diuretics
<input type="checkbox"/> Blood pressure medication	<input type="checkbox"/> Gout/uric acid lowering medication
<input type="checkbox"/> Cholesterol lowering/statins	<input type="checkbox"/> Hyperthyroid medication
<input type="checkbox"/> Contraceptive pill/hormone medication	<input type="checkbox"/> Thyroxine
<input type="checkbox"/> Diabetic medication	

Other prescribed medications:

D) Health Information – up to 5 medical conditions may be considered. If NO conditions initial here:

- | | |
|---|---|
| <input type="checkbox"/> Acidosis | <input type="checkbox"/> Gallstones still present |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Gastric complaints or disorders |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Allergy to berries | <input type="checkbox"/> Grain intolerance |
| <input type="checkbox"/> Allergy to chemical solvents | <input type="checkbox"/> Graves Disease |
| <input type="checkbox"/> Allergy to citrus fruits | <input type="checkbox"/> Hashimoto's/inflammatory thyroiditis |
| <input type="checkbox"/> Allergy to eggs | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Allergy to fish | <input type="checkbox"/> Haemochromatosis |
| <input type="checkbox"/> Allergy to fruits with pips (apples, pears) | <input type="checkbox"/> History of breast cancer |
| <input type="checkbox"/> Allergy to fruits with stones | <input type="checkbox"/> History of cancer |
| <input type="checkbox"/> Allergy to gluten | <input type="checkbox"/> Hypertension (high blood pressure) |
| <input type="checkbox"/> Allergy to grass pollen | <input type="checkbox"/> Hyperthyroidism (overactive thyroid) |
| <input type="checkbox"/> Allergy to iodine | <input type="checkbox"/> Hypotension (low blood pressure) |
| <input type="checkbox"/> Allergy to milk (cow's milk) | <input type="checkbox"/> Hypothyroidism (underactive thyroid) |
| <input type="checkbox"/> Allergy to nickel | <input type="checkbox"/> Iron deficiency anaemia |
| <input type="checkbox"/> Allergy to nuts | <input type="checkbox"/> Irritable bowel syndrome (IBS) |
| <input type="checkbox"/> Allergy to rye | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Allergy to seafood | <input type="checkbox"/> Kidney stones |
| <input type="checkbox"/> Allergy to yeast | <input type="checkbox"/> Lactose intolerance (late onset) |
| <input type="checkbox"/> Ankylosing spondylitis | <input type="checkbox"/> Lactose intolerant |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Liver/gallbladder problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Long Covid |
| <input type="checkbox"/> Cardiac insufficiency | <input type="checkbox"/> Menopausal symptoms |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Cholecystectomy (gallbladder removed) | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Chronic Gastritis – Pangastritis | <input type="checkbox"/> Mycosis (candida or fungal infections) |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Coeliac disease (medically diagnosed) | <input type="checkbox"/> Polycystic ovarian syndrome (PCOS) |
| <input type="checkbox"/> Crohn's disease – inflammatory bowel disease | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Reflux/GERD |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Digestive disorders | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Skin disorders |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Sleep disturbances/Insomnia |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Thyroid dysfunction |
| <input type="checkbox"/> Favism (G6PD deficiency) | <input type="checkbox"/> Ulcerative Colitis – IBD |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Urolithiasis/urinary calculi or stones |
| <input type="checkbox"/> Flatulence | <input type="checkbox"/> Urticaria/Hives |
| <input type="checkbox"/> Gallbladder disorders / colic(current) | <input type="checkbox"/> Vertigo / dizziness |

E) Declaration

- ☐ Declaration of consent in accordance with data protection legislation:
- I agree that my personal coach may communicate my personal data, information on my health and nutrition as well as my blood values to Metabolic Balance GmbH & Co. KG and also agree to this data being used to develop a nutrition plan as well as for participation in the Metabolic Balance® nutrition concept. Consent is voluntary and can be withdrawn at any time with future effect. It is, however, not possible to participate in the Metabolic Balance® nutrition concept without first giving this consent.
 - With regard to the communication of my data as indicated above to Metabolic Balance GmbH & Co. KG for the purposes of participating in the Metabolic Balance® nutrition concept and for the development of a nutrition plan, I discharge my personal coach from his or her duty of confidentiality as far as he or she is subject to such a duty of confidentiality. This consent is given voluntarily.
 - Your personal coach is the party responsible for the processing of your data (controller). Metabolic Balance GmbH & Co. KG (Bgm.-Hallwachs-Str.8, 84424 Isen, Germany) acts as processor within the framework of your contract with your personal coach and processes the communicated data exclusively on your personal coach's instructions. After developing the nutrition plan, Metabolic Balance GmbH & Co. KG communicates it to your personal coach. Your personal coach can access the above-mentioned data and the nutrition plan via our Coach Portal in order to provide you with comprehensive advice as part of your participation in the Metabolic Balance® nutrition concept. The use of your data for participation in the Metabolic Balance® nutrition concept is based on Art. 6, paragraph 1, point a GDPR as well as on Art. 9, paragraph 2, point a GDPR. We will continue to process your data for the duration of your contract with your personal coach for participation in the Metabolic Balance® nutrition concept. Pursuant to Art. 28 GDPR, your data may be processed on our behalf by technical service providers. In such cases, we ensure that the processing of personal data is carried out in accordance with the provisions of the GDPR. If your personal data is processed then you have the right to obtain information about the data that is stored with reference to you (Art. 15 GDPR). If inaccurate personal data is processed then you have a right to rectification (Art. 16 GDPR). If permitted by law, you may demand the erasure of your data or the restriction of its processing. (Art. 17 and 18 GDPR). You also have the right to notification as well as the right to data portability (Art. 19 and 20 GDPR). Irrespective of the foregoing, you also have the right to lodge a complaint regarding the processing of your personal data with a supervisory authority responsible for data protection. If you wish to exercise your rights, please contact your personal coach.
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- ☐ I am responsible for the cost of the blood tests and that in the rare event that the blood tests are grossly abnormal and metabolic balance® refuse to issue a plan, I am still liable for the costs of the blood tests. The lab results will be evaluated only for the creation of my nutritional plan and no medical evaluation will be performed.
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- ☐ Metabolic Balance® is not looking after my medical care and I understand that Metabolic Balance® is associated with health benefits that may result in medication change. Clients who are on regular medication should consult their doctor before commencing metabolic balance®. Clients are responsible for informing their doctor of pathology results as appropriate.
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- ☐ For sustained success, Metabolic Balance® requires a significant lifestyle change and commitment from the client. The degree of benefit is dependent on the level of my adherence to the plan.

Ensure a 12 hour fast before your blood draw – Drink only water!

Signature

Participant Name (please print clearly)

Date