re:vitalize weight loss & wellness

PROUD NUTRITION PARTNER OF THE PHOENIX SUNS

Date: _____

To save 15-20 minutes, please download this form to your computer (or print), fill out, and send to coach@revitalizeweightloss.com

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone: ( ) _____ - _____ Email: _____

Date of Birth: ____ / ____ / _____ Current Weight: _____ Height: _____

MEDICAL HISTORY

Do you have/had any of the following:

- ☐ Cancer
- ☐ Cardiovascular Disease or Events
- ☐ Hormone Replacement Therapy
- ☐ Depression
- ☐ Gallbladder Issues
- ☐ Gastrointestinal Issues
- ☐ Headaches or Migraines
- ☐ Hysterectomy
- ☐ High Cholesterol
- ☐ High Blood Pressure / Hypertension
- ☐ Kidney Disease
- ☐ Organ Transplant / Removal
- ☐ Pregnant or Nursing
- ☐ Thyroid Issues
- ☐ Other: _____

Known food or drug allergies: _____

List any medications you're taking: _____

What other factors do you feel may be impacting your ability to lose weight or feel your best? (i.e. such as sleep, stress, work schedule, illness, menopouse, or past life events like divorce/death in family/birth of child):

Do you have any specific dietary requirements (food allergies, vegan, vegetarian, etc.)? If yes, please explain: _____

MOTIVATION + LIFESTYLE

What is motivating you to lose weight? (Are there any personal or external factors that are driving this desire?)

Exercise: Number of times per week and intensity: _____

How is your weight impacting your quality of life? (ex. energy, sleep, self confidence, love life, ability to move or feel comfortable, motivation) _____

On a scale of 1-10 (1-10, not at all to very open), How open are you to making lasting lifestyle changes?: _____

What have you done to lose weight in the past? What did you find helpful or not helpful about your previous programs or attempts at losing weight?

Has your doctor recommended you lose weight?: ☐ Yes ☐ No Do you have a solid support system at home?: ☐ Yes ☐ No ☐ Sometimes

GOALS

What is your weight loss goal? _____

Any other lifestyle goals or events coming up you're motivated to lose weight for? _____

HOW DID YOU HEAR ABOUT US?

Please select more than one, if applicable.

- ☐ Phoenix Suns
- ☐ **Internet Search:** ☐ Bing ☐ Google ☐ Yahoo
- ☐ Newsletter, Blog, or News Article
- ☐ **Social Media:** ☐ Facebook ☐ Instagram ☐ TikTok ☐ Linkedin ☐ Other: _____
- ☐ **Radio:** NeanderPaul - 100.7FM KSLX Classic Rock
- ☐ **Radio:** Brooke - 102.5 KNIX Tim, Ben, & Brooke
- ☐ **Radio:** Sarah Kezele - 92.3 FM KTAR News
- ☐ **Radio:** Bickley & Marotta - 98.7FM AZ Sports Radio
- ☐ **Television:** ☐ Dr. Abood/Dan on news ☐ Your Life Arizona ☐ TV commercial
- ☐ **Fear No Food Book:** ☐ Physical copy ☐ Digital download on social media
- ☐ Friend or Family Referral:
  Name of referrer: _____
- ☐ Doctor or Physician Referral:
  Name of Doctor: _____
  May we reach out to your referring doctor? ☐ Yes ☐ No
- ☐ Other: _____

WHAT ARE YOU LOOKING FOR IN A PROGRAM?

Please rank from 1 to 11 (1-11, most important to least important) what's most important to you when considering a weight loss program:

- _____ Empowered to make lasting lifestyle changes
- _____ Rebalance underlying issues affecting the metabolism
- _____ Doctor founded and created
- _____ Family owned and operated, values-based
- _____ Guaranteed results
- _____ A customized program specific to your lifestyle and biology
- _____ Weekly, technology-driven results and progress tracking
- _____ Real, whole food (no bars, shakes, pre-packaged foods)
- _____ Holistic approach (no shots, medications, hormones, stimulants)
- _____ Board certified nutritionists and expert coaches
- _____ Long-term support, accountability, and sustained results