

Please Circle the Appropriate Answer

You may fax your completed form to 404.224.1315

Print Name _____

Email Address _____

Contact Number _____

I am:

Female

Male

I am: _____ Years Old

I am: _____ FT _____ Inches Tall

I weigh _____ lbs

I am currently:

Very thin; underweight

Slender; near ideal weight or a little under

Ideal weight or a little over

Overweight

Very overweight

I am currently:

Athletic; exercise often and intensely

Active; exercise regularly

Moderately active; some exercise or some physical labor

Occasionally active; sporadic exercise or light physical labor

Sedentary; low or no exercise and very little physical labor

Would you prefer a Vegetarian Meal Plan?

Yes

No

Additional Information

Food Allergies? Or Are there any foods that you would like to have omitted from meal plan?

Health Concerns? Joint Problems, Diabetes, Hypertension, Heart Condition; etc.?