

Intake Questionnaire

This should be completed after booking, but before arrival. It helps us make proper preparations and deliver your desired end result. The agent usually fills this out for your while speaking with you on the phone. Alternately, you can fill it out on your own and return it by email or U.S. postal mail.

Your answers will not bar your participation in any of our programs.



Q: List responsibilities at home:

A:

Q: List responsibilities at work:

A:

Q: List people, including their telephone and emails, who are going to cover your responsibilities:

A:

Q: What activities do you feel left out from with how your body is now?

A:

Q: How tall are you?

A:

Q: What is your current weight?

A:

Q: How old are you?

A:

Q: What weight would you like to end at?

A:

Q: What do you want specific body parts to look like?

A:

Q: How many days are you willing to clear out of your calendar to do this?

A:

Q: How soon would you like to begin?

A:

Q: Do you enjoy exercise?

A:

Q: What bothers you most about your body?

A:

Q: What aspects of your body do you most want to preserve?

A:

Q: Is it more important to you to be skinny or sculpted as you wish?

A:

Q: What part of your body do you want just right?

A:

Q: Is there other information that you think would help us?

A:

Q: Do you have any special requests?

A:

Q: Can you describe your personality?

A:

Q: What do you believe has caused your weight problem or problem losing weight?

A:

Q: Do you have a passport?

A:

Q: How important do you find food is in your life?

A:

Q: Describe how you feel about exercise:

A:

Q: Describe your concerns with other people handling matters in your absence:

A:

Q: What responsibilities do you feel you are unable to separate from?

A:

Q: What are your largest sources of stress?

A:

Q: What do you want to start doing with your new body?

A:

Q: What do you find most exciting about this new journey and your new life?

A:

Q: What gives you anxiety about this new journey and your new life?

A:

Q: List your largest sources of stress:

A:

Q: What program do you plan on going with?

A:

Q: What program would you go with if your first choice was unavailable?

A:

Q: How many pounds (kgs) do you want to lose?

A:

Q: What do you want your final body weight to be?

A:

Q: Is there a specific persons body you like or would want to look like?

A:

Q: Do you have any other questions you want answered?

A:

Q: What types of music do you like?

A:

Q: Do you understand how our service is different than the rest of the market?

A:

Q: List your medical conditions:

A:

Q: List your mental health diagnosis:

A:

Notes you would like to leave for us: