



1. Contact Details

Name
Address
Email
Phone

2. Personal Details

Age	DOB	Gender	
Occupation			
Typical weekly activity/exercise <input type="checkbox"/> Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Very active			
Previous dieter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Height	Waist	Weight	BMI

3. Medical Information

Does the client have any of the following conditions?

Contraindicated

- Alcoholic/substance misuser within one year of recovery
- Anti-obesity medication
- Serious illness, trauma or surgery (within the last three months)
- Serious mental health episode; such as schizophrenia, delusional disorder, psychotic episode, bi-polar disorder (within the last six months)
- Current active anorexia, bulimia, or currently undergoing treatment for any eating disorder
- Heart failure/attack, arrhythmia, valve disease requiring treatment (within the last three months)
- MAOI medication
- Stroke or TIA (within the last three months)
- Pregnant, breastfeeding or given birth in the last three months

Requires MEF

- Diabetes Type 1
- Diabetes Type 2 (controlled by more than Metformin)
- Gastric surgical procedures (within one year)

Step 4 minimum & Monitoring letter

- Fertility medication

Step 3 minimum

- Smoking cessation medication (such as Champix)
- Stomach ulcer Kidney stones

Step 1B minimum

- Cancer in remission Epilepsy
- Porphyria Diabetes Insipidus
- Psoriasis Rheumatoid arthritis treated with medication

Step 1B minimum

- Spinal conditions (Such as Sciatica, spondylitis, scoliosis) treated with medication
- Neuro/muscular conditions (such as MS, Fibromyalgia)
- Anaemia Antibiotic medication
- Constipation Crohn's disease, ulcerative colitis, IBS
- Diverticular disease Gall stones
- Pain relief (moderate to strong) Vertigo

Step 1B minimum & Monitoring letter

- Kidney disease/failure Liver disease/failure
- Mental health disorders (stable)
- Angina/Arrhythmia (stable) Gout
- Anti-coagulant medication (such as warfarin)

Any step & monitoring letter

- Cholesterol medication
- Diabetes Type 2 (controlled by diet or metformin and/or sitagliptin)
- Diuretics (Water tablets)
- Hypertension (high blood pressure)
- Thyroid medication Or None Apply

Any other medical conditions or medications:

Any allergies or intolerances:

If you put a condition in any of these boxes and are unsure of the advice to give your dieter, please submit an MEF in the usual process.

4. Client Declaration

Please confirm the following and sign the declaration:

1. The information given is correct and I have been advised to consult my GP before starting any weight loss programme.
2. I understand the importance of following the selected Step according to directions given by my Consultant and additional literature supplied by The 1:1.
3. If my health status/medication changes while using any The 1:1 Step, I agree to notify my Consultant.
4. I understand that there is a legitimate interest in The 1:1 and my Consultant holding the data on the Personal Record Form in conjunction with my use of the Programme. I understand it may be necessary for you to provide data to medical professionals and vice versa in relation to me starting the Programme and that this is a vital

interest which forms the legitimate basis for processing.

5. I am aware that it is my responsibility as a client to have regular medical reviews with my GP to assess any medication adjustments.
6. I have been supplied with the relevant The 1:1 booklet and The 1:1 privacy notice by my Consultant and I have read and understood these prior to completing this form.

Client agreement

- I agree with the above statements
- I consent to my Consultant contacting me at any point regarding my weight loss journey, promotions and any business opportunities. If I wish to withdraw my consent at any stage I can do so by sending an email to my Consultant.

Signed _____ Date _____

5. Consultant

I will abide by the Code of Conduct (CRL202)

Name
ID No
Phone
<input type="checkbox"/> Monitoring letter sent
<input type="checkbox"/> MEF sent
<input type="checkbox"/> N/A
Signed
Date

