

Whole Body C.H.A.N.G.E.

Weight loss with a Coaching, Hypnosis, and Nutritional Guidance Emphasis

Facilitated by Theresa Johnson, BCH and Katie Sparks, NTP • www.thegrowthplace.com • 503-577-1817

APPLICATION

Name: _____ Age: _____ D/O/B: _____

Address: _____

Phone: _____ Email Address: _____

How did you hear about Whole Body Change:

Flyer/Poster _____ Craig's List _____ WW classifieds _____ Website _____

Newspaper Ad _____ Friend _____ Other _____

Body & Mind

Sex: _____ Height: _____ Weight: _____ Date last weighed: _____

Are you currently being treated for any medical conditions? Yes _____ No _____

If yes, please explain:

If you are under the care of a doctor for any condition are you willing to properly communicate with him/her on the work we will be doing together? Yes _____ No _____

Please list any and all medications and supplements you are currently taking: *Use back of sheet if necessary.*

List any surgeries you have had in which you were under general anesthesia? Please include date and brief description. *Use back of sheet if necessary.*

Have you ever or are you currently receiving psychological treatment or counseling? Yes _____ No _____

If yes, please explain:

Do you smoke? Yes _____ No _____

How do you deal with stress?

When did you first begin to believe that you were overweight? What was your criteria?

What past habits/behaviors/attitudes/beliefs do you feel are responsible for your weight gain?

What was your relationship with food as a child? As a young adult?

Have you been successful at losing weight in the past? How? Amount lost?

Did you regain the weight? Yes_____ No_____

What behaviors/habits/attitudes/beliefs caused you to regain the weight?

What has been the most difficult aspect of being overweight?

List anyone else in your life who is overweight:

What benefits have you gotten out of being overweight?

What do you believe needs to be changed regarding your eating habits? Please be specific.

List 10 reasons why you want to reduce your weight?

Who will appreciate and benefit from your weight reduction?

Have you every been hypnotized? Yes_____ No_____

If yes, explain:

How do you feel Whole Body CHANGE can assist you? What are your goals for yourself in regards to the Whole Body CHANGE program?

Whole Body CHANGE Client Agreement

As a participant in the Whole Body CHANGE program,
I _____ agree to:

- Be willing and open to change
- Be an active participant in creating change
- Take responsibility for my choices and actions
- Work together with the facilitators to define my goals clearly and measurably
- Be willing to develop a conscious awareness of how I contribute to my results
- Follow the plan of eating mutually designed by myself and nutritional therapist
- Exercise regularly in accordance to my physical needs and within my body's capabilities.
- Attend scheduled appointments, group sessions and workshops
- Do homework as assigned by the facilitators
- Be kind and loving to myself

Signature _____ Date _____