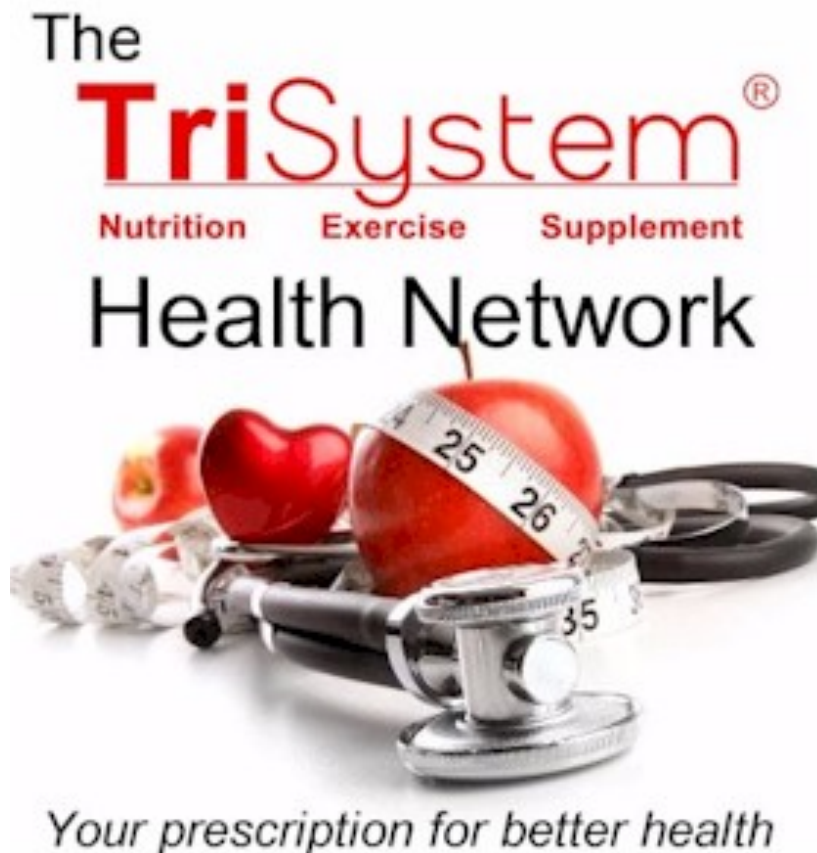


# Free Clinical Health Assessment



**You don't get answers until you start asking the right questions. This assessment asks YOU the right questions.**

It is the Key to unlocking  
YOUR Health.

We Stand behind our TriSystem Practitioners...  
Educated, Licensed and Experienced

We developed this assessment to help them help YOU!

# Complete Metabolic Assessment

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_ lbs.  
Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_  
How many children do you have? \_\_\_\_\_ How many times have you been pregnant? \_\_\_\_\_

**My specific health and fitness goals that motivated me to schedule this assessment are:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>I want my body weight to</b> (Circle one): A- Increase B- Decrease C- Stay the same	<b>Long term goal</b> (Circle one): A- Lose body fat B- Gain LBM or tone and firm up C- Both A and B	<b>In the past few months my weight has been</b> (Circle one): A- Increasing B- Decreasing C- Remain the same D- Fluctuating
--	--	--

**Realistic Weight Goal:** \_\_\_\_\_ lbs.  
Last date you weighed goal weight: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Heaviest weight: \_\_\_\_\_ lbs. (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Lightest weight since High School: \_\_\_\_\_ lbs. (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
**Body fat goal:** \_\_\_\_\_%

Metabolism	Weekday Hrs.	Weekend Hrs.
Sleeping	_____	_____
Reclining	_____	_____
Routine Activity	_____	_____ (remainder)
Walking	_____	_____
Totals = 24 hrs.	_____	_____

**Current Exercise: (ex: Run, 2 days a week, 40 minutes day)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding your Body Composition (body fat), you would consider yourself (Circle one):

A- Very Lean B- Lean C- Average D- Overweight E- Obese

Dietary Lifestyle Restrictions (circle any that match you):  
Lactose free, Low Sodium, Hypoglycemic, Vegan, Lacto, Ovo Lacto, Gluten Free,  
Fiber Restricted, No red meat, No pork, No Fish, No Poultry  
Other: \_\_\_\_\_

I eat \_\_\_\_ (number) meals including snacks per day?

Supplement intake (Not Medications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Foods I Love: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Foods I dislike: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Bedtime: \_\_\_\_\_ Wake time: \_\_\_\_\_

Estimated calories eaten per day: \_\_\_\_\_ or I don't know.

I prefer to exercise (circle one):

A- Home without equipment B- Home with free weights/some equip  
C- Fitness facility or D- Outdoor using only body weight

My workout experience level is (circle one):

A- Just starting, B- Knowledgeable, C- Experience exerciser

Concerning my flexibility, I can (circle one):

A- Cannot touch my toes B- Touch my toes w/ some pain  
C- Touch my toes without pain

I plan to exercise (circle one):

A- Before Breakfast B- Mid morning, C- Afternoon, D- After Dinner

**MEASURED WEIGHT:** \_\_\_\_\_ lbs. **BODY FAT %:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_



The information presented in our **TriSystem** program is in no way intended as medical advice or as a substitute for medical treatment. This information should only be used in conjunction with the guidance and care of your physician. Consult your physician before beginning any diet, nutrition, or fitness plan offered through the Website. Your physician should allow for proper follow-up visits and individualize your diet, nutrition, or fitness plan as appropriate. Nothing stated or presented on the Website is intended to be a substitute for

professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider if you have any questions regarding a medical condition, your diet, nutritional supplements, an exercise regimen, or any other matter related to your health and well-being. If you are pregnant, a nursing mother, anorexic, bulimic, or have a prohibitive medical condition, you agree not to participate in an **TriSystem** program unless supervised by a physician.

I agree I am a candidate for the **TriSystem Health Network** and do not have any condition that may disqualify me from active participation in the **TriSystem** Nutrition, exercise and supplementation program.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical History: Please Circle your answer.

Has a physician ever said you had heart trouble? (yes/no)

Do you frequently have pains in your heart or chest? (yes/no)

Do you have high blood pressure? (yes/no)

Do you have a family history of heart disease? (yes/no)

Do you consider yourself obese? (yes/no)

Do you smoke or use tobacco? (yes/no)

Do you experience:

gas  
bloating  
heartburn  
diarrhea  
constipation  
headache  
joint pain  
muscle soreness

Lab Test History (If available)

What was your last measured blood pressure? \_\_\_\_/\_\_\_\_ (I don't know)

\*What was your last measured fasting blood glucose? \_\_\_\_ mg/dl (I don't know)

\*What was your last measured fasting triglycerides? \_\_\_\_mg/dl (I don't know)

What was your last measured fasting total cholesterol? \_\_\_\_mg/dl (I don't know)

What was your last measured fasting HDL? \_\_\_\_ (I don't know)

\* In  $[(\text{Glucose} \times \text{Triglycerides})/2]$  = \_\_\_\_\_ Multiply your fasting triglycerides (both in mg/dl) and divide by 2.  
Then take the *natural log* of this number. Greater than 8.82 in women or 8.73 in men  
Increase likelihood of insulin resistance and type 2 diabetes

Medical Conditions/Procedures Both Past and Present: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Orthopedic Conditions (i.e., chronic back pain, knee pain, shoulder "clicking"): \_\_\_\_\_

\_\_\_\_\_

## 12 hr. Fasting Blood Lab Request (Prioritized)

1. ☐ **Insulin** - Lower than 5 mU/L is good. Less than 3 is idea. Higher than 5 m U/L, insulin resistance likely.

ICD-10 code **R73.9 hyperglycemia**. Estimated Cost: \$26

2. ☐ **Hemoglobin A1c**—Below 5.7% is normal, 5.7-6.4% is pre-diabetic, Over 6.5% is Type 2 Diabetic. Estimated Cost: \$21

3. ☐ **Comprehensive Metabolic Panel (CMP)**

- Fasting Blood Glucose - should be between 80-100
- Electrolytes
  - Calcium- 8.5-10.9 mg/dL
  - Sodium -136-144 mEq/L
  - Potassium - 3.7-5.2 mEq/L
  - Carbon dioxide - 20-29 mmol/L
  - Chloride - 96-106 mmol/L
- Kidney Tests
  - BUN (blood urea nitrogen) -7-20 mg/dL
  - Uric Acid - Lower than 6 mg/dl in men is preferred. Lower than 5 mg/dl in women is preferred
  - Creatinine - 0.8-1.4 mg/dL
- Liver Tests
  - ALP (alkaline phoshatase) - 44-147 IU/L
  - ALT (alanine aminotransferase) - 8-37 IU/L
  - AST (aspartate aminotransferase)-10-34 IU/L
  - Bilirubin - 0.3-1.9 mg/dL (total)

Estimated Cost: \$21

4. ☐ **Lipid panel**

- Fasting Triglycerides - Ideally less than 100 mg/dl. Over 150 mg/dl, insulin resistance likely
- Fasting Total Cholesterol - less than 200 mg/dl is preferred.
- Fasting HDL - higher than 40 mg/dl in men is preferred. Higher than 50 mg/dl in women is preferred

Estimated Cost: \$21

5. ☐ **HsCRP (C-reactive protein)** - Lower than 1 mg/dl is good. Estimated Cost: \$21

6. ☐ **TSH (Thyroid Panel if abnormal or history)**- 0.4 to 4.0 IU/L Estimated Cost: \$21

**The TriSystem Health Network**

8898 Clairemont Mesa Blvd., Suite J  
San Diego Ca, 92123

**Brian J. Lenzkes, MD**

Medical Director

**Bring this form to your lab along with any other printouts needed.**

**Please Fax Lab results directly to**

Fax/phone:

**888-538-2348**

**When Using your primary care Physician:**

**Requesting Physician:**

\_\_\_\_\_

License number: \_\_\_\_\_

DEA: \_\_\_\_\_

**When Ordering Directly from our preferred Lab:**

Go to:

**[www.ultalabtests.com/trisystem](http://www.ultalabtests.com/trisystem)**

-Click on the **Order Tests tab**

-Select **Most Popular Tests** from the drop-down menu and select the appropriate tests from this page.

-Be sure to select the option to **grant TriSystem access** to all orders placed through your account.

**Minimum cost: \$26      Complete Panel: \$131**



## TYPICAL DAILY FOOD INTAKE

(on a typical day of eating)

List all food consumed in a typical 24 hr. period. Please be as specific as possible, including amounts of foods, beverages and supplements. Remember, honesty ensures accurate assessment of the types and amounts of calories consumed per day.

WHAT TIME DO YOU WAKE UP IN THE MORNING? \_\_\_\_\_.

WHAT TIME DO YOU NORMALLY GO TO BED? \_\_\_\_\_.

<u>MEAL</u> <u>AMOUNT</u>	<u>TIME</u>	<u>FOOD &amp; AMOUNT</u>	<u>B E V E R A G E</u> &
------------------------------	-------------	--------------------------	--------------------------

BREAKFAST	(_____)	_____ _____	
-----------	---------	----------------	--

SNACK	(_____)	_____ _____	
-------	---------	----------------	--

LUNCH	(_____)	_____ _____	
-------	---------	----------------	--

SNACK	(_____)	_____ _____	
-------	---------	----------------	--

DINNER	(_____)	_____ _____	
--------	---------	----------------	--

SNACK	(_____)	_____ _____	
-------	---------	----------------	--

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please Print & Return This Page.

# BODY MEASUREMENTS

(Anthropometry)

Utilizing a household tape measure and the diagrams included, measure the circumference of the specific body parts as directed. Be sure to measure accurately, holding the tape without the skin being pulled inward or leaving slack. Measure in inches.

1. NECK GIRTH - The circumference directly below the Adam's apple.
2. CHEST GIRTH - For males, taken directly at the nipple level. For females, taken at the level of maximal circumference. Measurement should be taken at the end of a normal expiration .
3. BICEPS GIRTH - Take first measurement when arm is fully extended downward when the arm is contracted at the location of greatest circumference.
4. FOREARM GIRTH - Taken with arm extended down in a relaxed position, measure at the point of greatest circumference between wrist and elbow.
5. WRIST GIRTH - Measure with elbow flexed and forearm supinated (palm up), apply tape snugly around wrist between the hand and the styloid process (bone in wrist below the smallest finger).
6. NAVAL GIRTH - Measured at your naval after a normal expiration.
7. WAIST GIRTH - Apply tape snugly around the waist at the level of narrowest part of torso between the lowest rib and iliac crest (hip bone).
8. HIP GIRTH - Measured at the maximum posterior protrusion of the buttocks from front to back.
9. THIGH GIRTH - Measured between the hip and knee at point of maximum circumference.
10. CALF GIRTH - Measured between the knee and ankle at the point of maximum circumference.

Body Measurements should be taken weekly or bi-monthly to monitor specific changes in body composition along with body fat percentage. Your weekly progress can be tracked with TriSystem . Have your fitness professional record the results and forward them to us.

Keep This Page For Your  
Records.

# BODY MEASUREMENTS

(Anthropometry, Measured in Inches)

Anthropometry	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
NECK GIRTH																				
CHEST GIRTH																				
BICEPS GIRTH																				
FOREARM GIRTH																				
WRIST GIRTH																				
WAIST GIRTH																				
NAVAL GIRTH																				
HIP GIRTH																				
THIGH GIRTH																				
CALF GIRTH																				

# BODY COMPOSITION

Utilizing accurate skin fold calipers, the following formula and worksheet, determine your body fat. Accurate measurement of body fat is determined through a pinch technique utilizing the thumb and forefinger, measuring skin fold thickness in millimeters with calipers. The amount of skin to be pinched largely depends on the location of the calipers. Therefore, specific sites on the body have been chosen for evaluation. Note: In all locations the middle of the fold should be measured. Be consistent in measuring exactly the same site each time, using the same person with the same calipers. It is also important to measure only skin thickness, excluding any other tissue such as veins or muscle. Always measure the right side of the body

1. CALF - Measure vertically on the calf muscle at a level of maximal circumference on the medial aspect (inside) of the calf with the knee and hip flexed (seated). Be sure to record your answer to the nearest tenth of a millimeter.
  2. THIGH - Pull the fold vertically approximately half way between the hip joint and the knee cap, centered along the front of the upper leg. Bodyweight is shifted the left foot. Measure 1 cm below fingers. Be sure to record your answer to the nearest tenth of a millimeter.
  3. KIDNEY - Measure horizontally four inches to the right of the spinal column and four inches above the hip bone. Be sure to record your answer to the nearest tenth of a millimeter.
  4. ABDOMEN - Measure vertically one inch right of the navel. Be sure to record your answer to the nearest tenth of a millimeter.
  5. CHEST - Fold is taken on half the distance between underarm and nipple for men and one third of this distance for women, along the line between the underarm and the nipple. Be sure to record your answer to the nearest tenth of a millimeter.
  6. \*MIDAXILLARY - Pull the fold vertically in line with the underarm and even with the end of the breast bone.
  7. SUPRAILIAC (HIP BONE) - Measure at a forty five degree angle diagonally above the iliac creast (hip bone), in line with the front of the underarm. Be sure to record your answer to the nearest tenth of a millimeter. Be sure to record your answer to the nearest tenth of a millimeter.
  8. SUBSCAPULA (SHOULDER BLADE) - Measure at a forty five degree angle diagonally, slightly (1 cm) below the tip of the inside corner of the inferior angle of the shoulder blade between the bone and the spine. Be sure to record your answer to the nearest tenth of a millimeter.
  9. BICEPS - Measure vertically on the upper arm, centered to the front, slightly below (1 cm) half way between the inside of the elbow joint and the under arm. Be sure to record your answer to the nearest tenth of a millimeter.
  10. TRICEPS - Measure vertically on the upper arm centered to the back, slightly above (1 cm) half way between the elbow and the under arm. Be sure to record your answer to the nearest tenth of a millimeter.
- Take the total of these measurements and divide it by your weight . Be sure that the scale is accurate and can be used through the duration of your involvement with TriSystem Nutrition. Now multiply that number by .28 if you are male or .30 if you are female. This is your percent body fat in decimal form. Multiply this number by 100 and record your answer .



**Be sure to have professional assistance.**  
Keep This Page For Your Records.

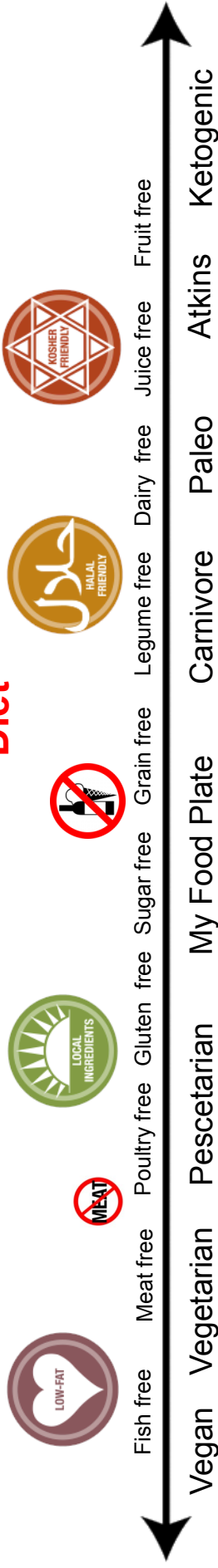
## BODY COMPOSITION

BODY COMPOSITION	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
CALF																		
THIGH																		
LOW BACK																		
ABDOMEN																		
MIDAXILLARY																		
CHEST																		
HIP BONE																		
SHOULDER BLADE																		
BICEPS																		
TRICEPS																		
TOTAL																		
(divided by)																		
BODY WEIGHT																		
X .28 FOR MEN																		
X .30 FOR WOMEN																		
X 100 = BODY FAT																		

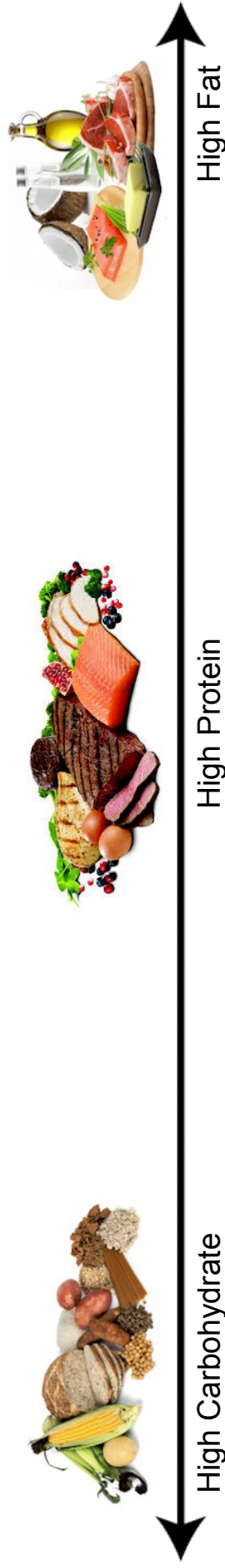
# TriSystem<sup>®</sup> Nutrition Science Spectrum

Is your nutrition based on a belief system or proven science?

## Diet



## Macronutrients



## Timing

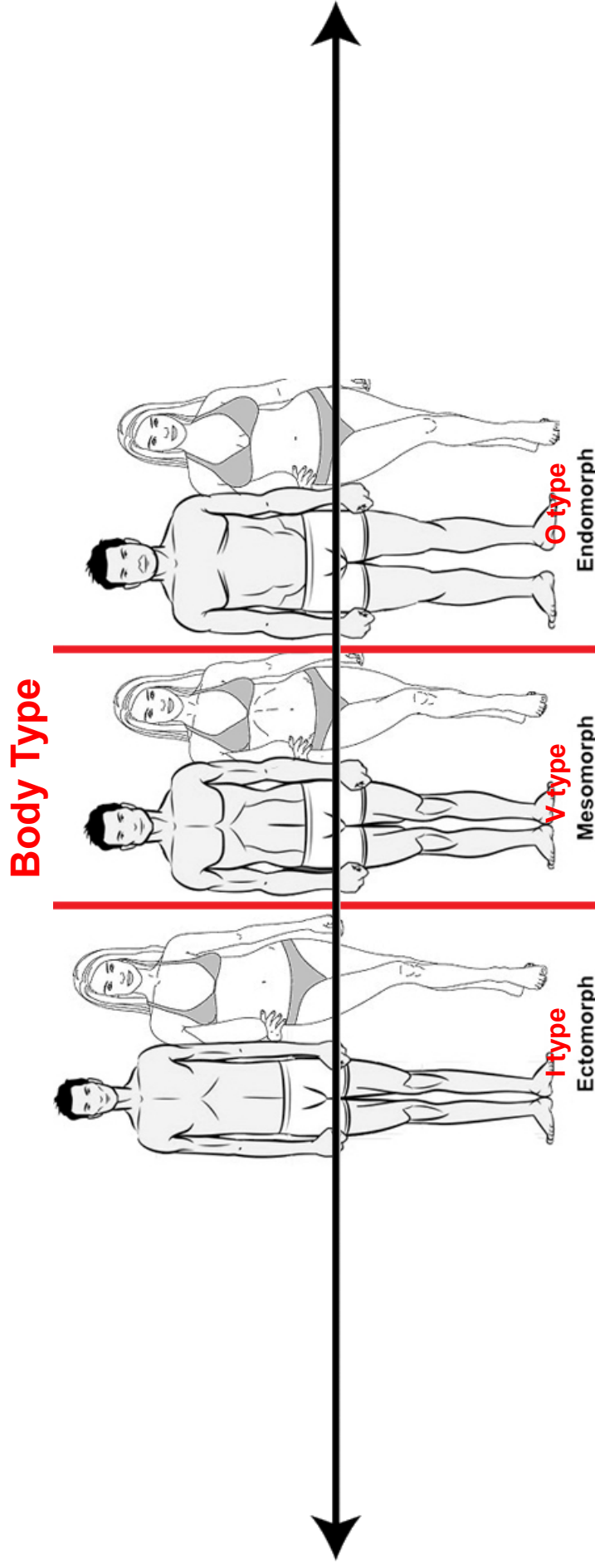


Where are you on the 3 lines above? Where should you be? Find out with a **TriSystem** Assessment!

Your Macro nutrient ratio: \_\_\_\_ % protein \_\_\_\_ % carbohydrate \_\_\_\_ % fat. Meals per day: \_\_\_\_

# TriSystem® Nutrition Science Spectrum

Is your nutrition based on a belief system or proven science?



## Meal Portions

**I type**

30% protein - 50% carbs - 20% fat

They tend to be thyroid and sympathetic nervous system-dominant with either a higher output or higher sensitivity to catecholamines like epinephrine and norepinephrine. They typically have a fast metabolic rate.

**V type**

40% protein - 30% carbs - 30% fat

Their bodies are designed to be powerful machines. Excess calories often go to lean mass and dense bones. They tend to be testosterone and growth hormone dominant. Thus, they can usually gain muscle and stay lean easily.

**O type**

30% protein - 20% carbs - 50% fat

They tend to be parasympathetic nervous system dominant. They are built for solid comfort, not speed. They're naturally less active. excess calories are more likely to be stored as fat. They typically have a slower metabolic rate and generally don't tolerate carbohydrates as well.

Where are you on the Spectrum? Where should you be? Find out with a **TriSystem Assessment!**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# TriSystem Check-in Questionnaire

## Session Number

WEIGHT \_\_\_\_\_ BODYFAT \_\_\_\_\_

1. How would you rate your progress this week: \_\_\_\_\_

Excellent Good Fair Poor

2. Did you eat all the food on your menu plan? \_\_\_\_\_

Digestive Difficulties? \_\_\_\_\_

Aches or pains? \_\_\_\_\_

3. How many meals did you eat per day? \_\_\_\_\_

4. If you did miss a meal, which meal was missed most often?

5. Did you weigh/measure your foods? \_\_\_\_\_ Eating the right balance of food? \_\_\_\_\_

6. Did you properly utilize your exchange list? \_\_\_\_\_

7. Have you been preparing your foods? \_\_\_\_\_ Eating at the proper times through the day? \_\_\_\_\_

8. Are you taking all of your supplements? \_\_\_\_\_ Supplement intake:

9. How is your energy level? \_\_\_\_\_

High Medium Low

10. How much water are you drinking per day? \_\_\_\_\_. What kinds of fluids are you drinking?

\_\_\_\_\_ coffee/tea/soda? \_\_\_\_\_ alcohol? \_\_\_\_\_

11. How are you sleeping at night? \_\_\_\_\_ How many hrs.? \_\_\_\_\_ Do You have to wake up to urinate? \_\_\_\_\_

12. How often did you exercise this week? Weights: Cardio:

Cardio Intensity:(level)

Cardio Duration: min.s

Weight Routine:

13. Did you enjoy your workouts? \_\_\_\_\_

14. Are you checking your heart rate during cardiovascular workouts? \_\_\_\_\_

14. What is your average heart rate during cardiovascular workouts? \_\_\_\_\_

15. Are you pleased with your progress on the program thus far? \_\_\_\_\_

Additional Comments (TriSystem Pro): \_\_\_\_\_

Additional Comments (Client): \_\_\_\_\_

gas  
bloating  
heartburn  
diarrhea  
constipation  
headache  
joint pain  
muscle soreness