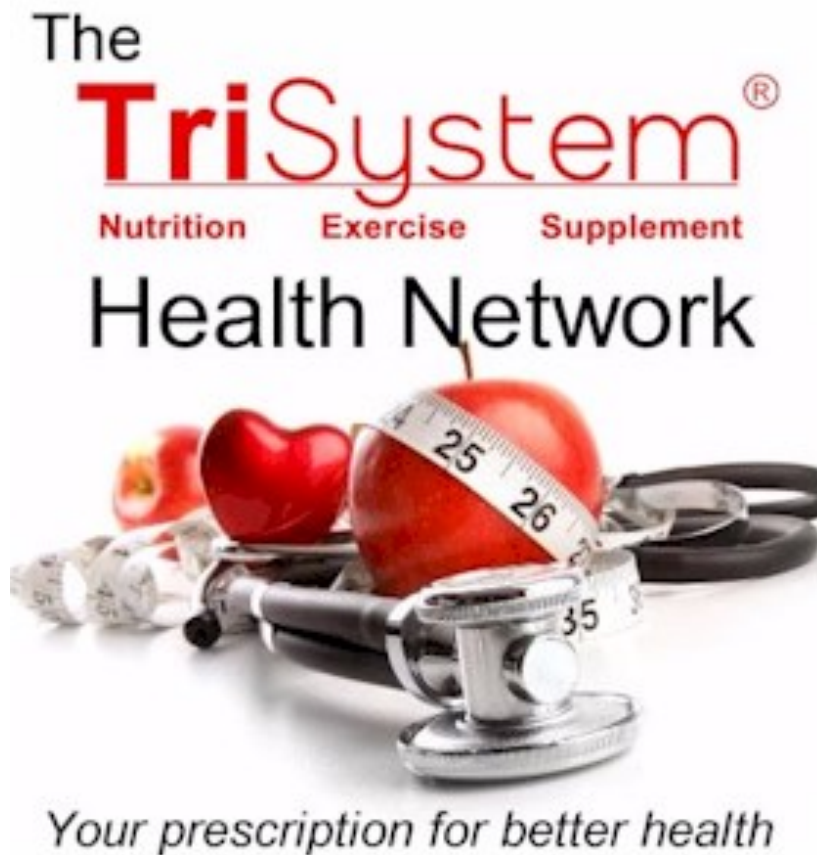


Free Clinical Health Assessment



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!

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:

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

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

MEASURED WEIGHT: _____ lbs. **BODY FAT %:** _____ **TYPE:** _____ 2



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. Nothing stated or presented by TriSystem 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 a **TriSystem** program unless supervised by a physician.

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

Signed: _____ Date: ____/____/____

Do you have a primary care physician? (yes/no)

Physician Name: _____ Phone: (____) _____ — _____ Email: _____

Physical Activity Readiness Test: 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

Medical Conditions/Procedures Both Past and Present:	Medications:	Orthopedic Conditions (i.e., chronic back pain, knee pain, shoulder "clicking"):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Food Addiction Self-Quiz Please Circle your relevant answers

(Modified from Joan Iland, PhD. , processfoodaddiction.com)

1. I often eat more than I intend. (yes/no)
2. I have tried to cut back on food. (yes/no)
3. I have spent a lot of time planning getting food, eating and recovering from eating. (yes/no)
4. I have cravings or urges to eat processed foods. (yes/no)
5. Eating makes it hard to accomplish tasks at home, work, school , or even rest and leisure time. (yes/no)
6. I have relationship problems related to eating. (yes/no)
7. I have missed important work or social activities in order to eat. (yes/no)
8. I eat even when it is hazardous to do so. (ie: eating while driving in traffic) (yes/no)
9. I eat foods in spite of knowing the negative consequences of those foods. (yes/no)
10. I need to eat more than I used to in order to get the feeling I want. (yes/no)
11. I eat for reasons other than hunger, such as boredom, fatigue, loneliness, anger, depression, headache, stomach ache, pain, etc. (yes/no)

12 hr. Fasting Blood Lab Request (Prioritized)

1. **Insulin** - Lower than 5 mU/L is good. Less than 3 is ideal.

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. **Compr. Metabolic Panel (CMP)** - Estimated Cost: \$21

- 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
 - Creatinine - 0.8-1.4 mg/dL
- Liver Tests
 - ALP (alkaline phosphatase) - 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)

4. **Uric Acid** - Estimated Cost: \$19. Lower than 6 mg/dl in men is preferred. Lower than 5 mg/dl in women is preferred.

5. **Lipid panel** - Estimated Cost: \$21

- 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.

6. **Apolipoprotein B (ApoB)** - Estimated Cost: \$36. Assesses risk of cardiovascular diseases. Optimal level is less than 90 mg/dL.

7. **Lipoprotein (a)** - Estimated Cost: \$30. Also Assesses risk of cardiovascular diseases. less than 30 mg/dL are considered normal.

8. **HsCRP (C-reactive protein)** - Estimated Cost: \$33. Lower than 1 mg/dl is good.

9. **TSH, T3, T4 (Thyroid Panel if abnormal or history)** - Estimated Cost: \$34. 0.4 to 4.0 IU/L.

10. Optional: **Menopause Panel (Basic Panel for Women)** - Estimated Cost: \$62

- Estradiol - 15 to 350 pg/mL in menstruating women, less than 10 pg/ml in postmenopausal women
- FSH - 4.7 - 21.5 for women who are still menstruating - 25.8 - 134.8 mIU/mL after menopause - LH

11. Optional: **Testosterone, Total** - Estimated Cost: \$28 for men \$49 for women. 270 - 1070 ng/dL for men, 15 - 70 ng/dL for women.

12. Optional: **Leptin** - Estimated Cost: \$77. Normal range 6.6-18.8ng/mL In obese population: range 28.2-77.4 ng/mL

The TriSystem Health Network

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

Participating Physicians: (circle one)

Lily Johnston, MD MPH

Brian J. Lenzkes, MD

When Ordering Directly from our preferred Lab:

Go to:

www.ultalabtests.com/trisystem

-Click on the **Order Tests tab**

-Select **Most Popular Tests** from the drop-down menu and select the tests from this page. You may also order additional tests.

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

Minimum cost: \$26 Complete Panel: up to \$331



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 & AMOUNT</u>	<u>BEVERAGE</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.

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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 .

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

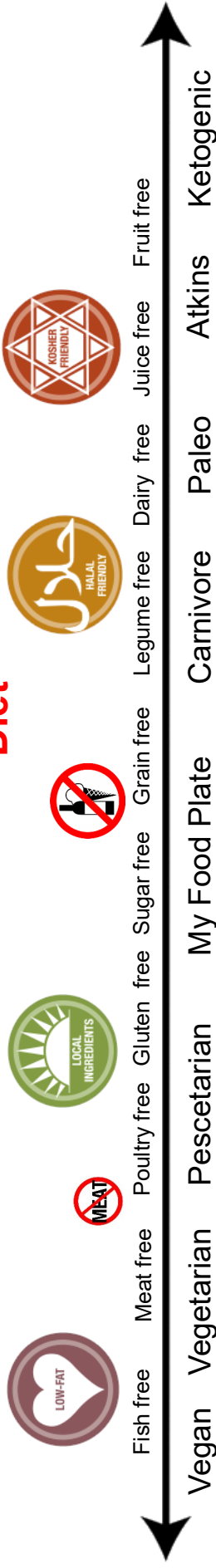
BODY COMPOSITION

BODY COMPOSITION	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
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X 100 = BODY FAT																		

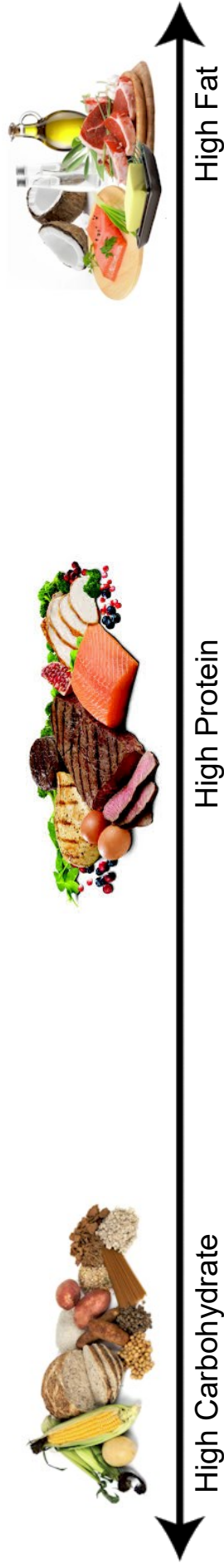
TriSystem[®] Nutrition Science Spectrum

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

Diet



Macronutrients



Timing

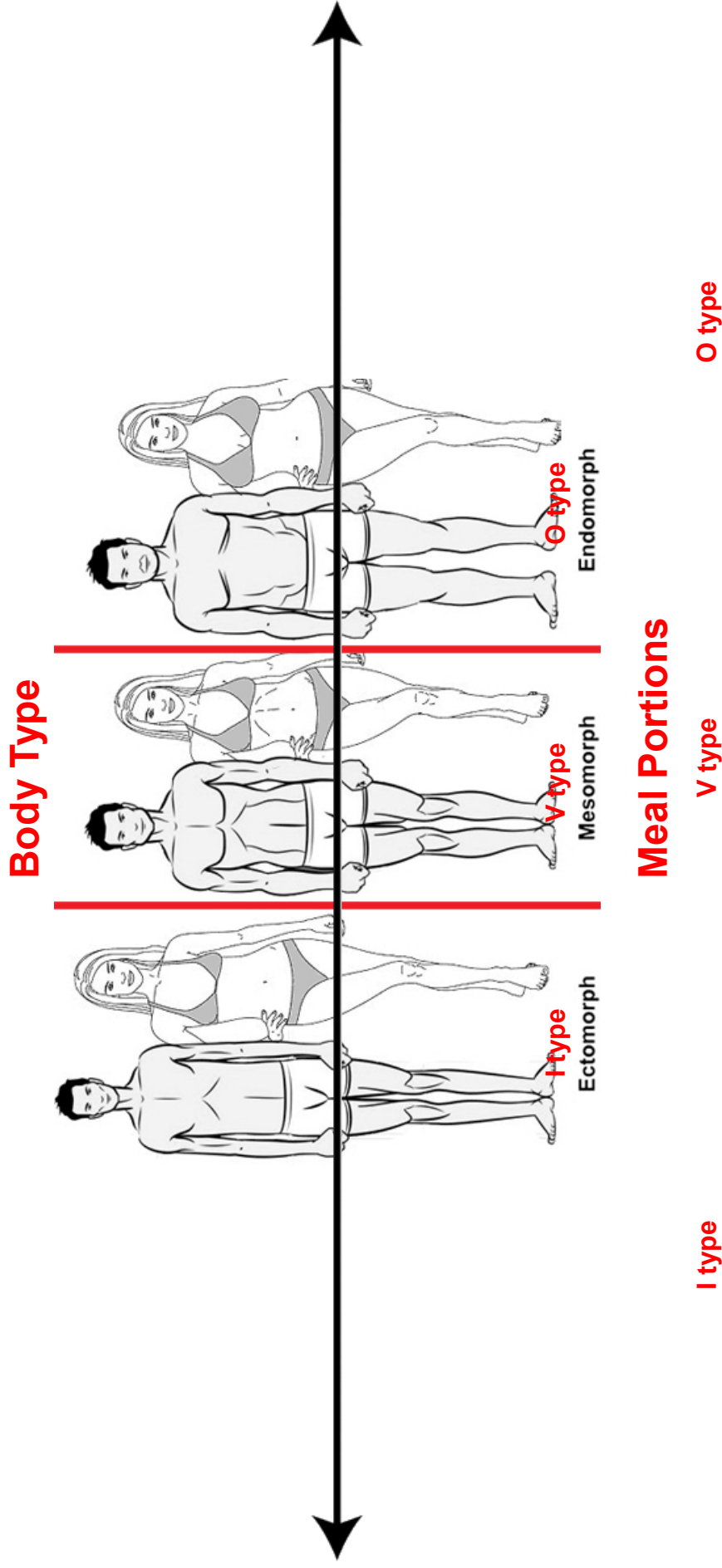


Where are you on the 3 lines above? Where should you be? Find out with a **TriSystem Assessment!**

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?



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.

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.

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? _____

gas
bloating
heartburn
diarrhea
constipation
headache
joint pain
muscle soreness

Additional Comments (TriSystem Pro): _____

Additional Comments (Client): _____