

# PERSONAL PROFILE

Coach ID

Name (stamp) of coach:  
Contract partner of the client

## Client's personal details

Metabolic Balance GmbH & Co KG is unable to create nutrition plans for pregnant women, nursing mothers, patients with severe renal or hepatic insufficiency, or people whose BMI is  $\leq 18$ . Plans for vegans, people taking antipsychotics or tranquilizer medication, or people with a histamine or fructose intolerance will be created only upon request. We cannot create plans for children under 8 years of age.

## A) Personal information

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title	Last name	First name						
Address				Date of birth <sup>1</sup>	(MM.DD.YYYY)					
Post Code		City / State		Phone   Mobile						
E-mail <sup>3</sup>				Occupation						
Height cm <sup>1</sup>	cm/in	Weight kg <sup>1</sup>	kg/lbs	Goal weight kg <sup>1</sup>	kg/lbs	BMI <sup>1/2</sup>	WHtR <sup>1/2</sup>			
Circumference cm <sup>1</sup>				Weight lifter <sup>1</sup>						
navel cm <sup>1</sup>	cm/in	hips cm <sup>1</sup>	cm/in	upper thigh cm <sup>1</sup>	cm/in	<input type="checkbox"/> No <input type="checkbox"/> yes	biceps circ	cm/in	Body Fat	%

## B) How did you find out about Metabolic Balance®?

Recommended by

TV

Internet

Newspaper / Magazine

Coach promotion

Recommendation

Other

## C) Declaration of Consent and Privacy Practice

I concur that my coach provides the following information to Metabolic Balance GmbH & Co.KG:

Personal data

Information on health and medical history

Blood values

Details about my eating habits (also food allergies)

The aforementioned data is sent to Metabolic Balance GmbH & Co. KG to allow said company to create a nutrition plan as part of the participation of the Metabolic Balance® Program. After the creation of the nutrition plan, Metabolic Balance GmbH & Co. KG will transmit the plan to your personal coach. Thereby your personal coach has access to the above data and nutrition plan to provide comprehensive advice under the Metabolic Balance® nutrition concept to you. Your coach and Metabolic Balance® will use your data solely for the above purposes and will not pass it on to third parties. We need your personal details and health data to be able to fulfill our contractual obligation to create a personalized nutrition plan and provide comprehensive coaching sessions to you. Under Art. 15 of the General Data Protection Regulation (GDPR), you are entitled to ask the contractual parties at any time for full details of the personal data collected about your health and person. In addition, under Art. 17 of the GDPR you are entitled at any time to demand the correction, deletion or suspension of individual items of personal data. Moreover, you are entitled, at any time and without stating a reason, to exercise your right of refusal and to modify your given consent for future purposes, or revoke it entirely. You can send your revocation either by mail or email to your contractual partner (your personal coach, see above). In cases of data privacy violations, the data subject is entitled to lodge a complaint with the competent supervisory authority. The competent supervisory authority for data privacy issues is the data privacy representative of the German Federal State in which our company has its registered headquarters.

I agree in the aforementioned usage of my personal data.

I concur that my coach provides the following information to Metabolic Balance GmbH & Co.KG

I would like to regularly receive the health newsletter (<sup>3</sup>If yes, it is necessary to submit your e-mail address)

<sup>1</sup> Required field | <sup>2</sup> Please use the BMI and WHtR calculator on the Metabolic Balance® internet portal

# PERSONAL PROFILE 2

Client's Name

## D) Information on health and medical history

Cardiac insufficiency	Joint pain	Asthma	Thyroid hyperfunction
Vertigo / Dizziness	Skin disorders	Migraine	Thyroid hypofunction
Diabetes	High blood pressure	Gluten intolerance / Allergy	Lactose intolerance

Other, e.g. sleep disturbance, depression, digestive issues

Pregnant

 No  Yes

Allergies

 No  Yes

which ones

Medication

 No  Yes

to treat

Blood lipids	Uric acid	Diabetes
Thyroid	Antipsychotics	Heart

Other (e.g. Contraceptive / Hormone replacement)

Blood draw

 No  Yes

Date

Glucose

## E) Information on food consumption / Eating habits as well as food allergies (max. 4 check marks)

I eat everything    Meat    Poultry    Fish    Cheese    Seafood    Soy

I seldom eat

I refuse to eat

## F) With Metabolic Balance® I anticipate ...

Weight loss

Balancing of the metabolism

## G) How do you evaluate your state of health on a scale of 0 to 10?

(0 = very bad to 10 = excellent)

0    1    2    3    4    5    6    7    8    9    10

Please fast 12 hours before blood draw - only pure water is allowed, do not eat or drink anything else!

Date

City

Signature