

EAT TO THRIVE PLAN OF ACTION

**10 weeks to Life Long Healthy Habits and Healthy Living
Betsy Bragg, Hippocrates Health Educator**

**New Horizon
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*******Please complete the following by copying and pasting this into a document and then emailing it to betsy.bragg@icloud.com.**

Your information will help us to fulfill your goals. Except for your introduction, this will be kept confidential.

Date of Registration: _____

Have you taken the class previously? _____

Name (first, last): _____

Address: _____

Address 2 (Optional): _____

State/Zip/Country: _____

Phone Numbers: Home/Work/Cell:

Email: _____

Web Site (If applicable): _____

Date of Birth: _____

Marital Status: _____ Sex: _____ Name of spouse: _____

To introduce yourself to class members on your first day of class and to help me to assist you in meeting your objectives, please write a short essay answering the following. This should be at most 2 minutes when you read it. This is very important and a requirement for the graduation certificate. Each time you take the class you will be developing

another new habit and achieving new objectives to achieve optimum health.

1. My name is
2. My career is or has been
3. My family life is
4. My 3 measurable objectives for taking the Eat to Thrive course are:
5. Health history to date
6. Names and ages of your Children
7. Current Occupation: Mindbody
8. How long at your current or previous job?
9. Name of person to contact in an Emergency
10. Relationship
11. Daytime Phone
12. Evening Phone

About Yourself

1. Where did you learn about the course?
 - a.
2. How long have you been interested in the subject of nutritional health?
 - a.
3. Does your family support you in pursuing a healthy lifestyle?
 - a.
4. Who lives in the same household with you and what is their relationship to you?
 - a.
5. Do you have a network of friends supporting you in pursuing a healthy lifestyle?
 - a.
6. Have you ever worked with a personal trainer before? Yes__ No__
7. Do you participate in a regular exercise program at this time? If yes, briefly describe:
 - a.
8. Do you belong to a gym? Yes__ No__
9. How often do you exercise? _____
 - a. stretching _____ times per week for _____ minutes.

- b. weight lifting_____ times per week for _____ minutes.
- c. aerobic_____ times per week for _____ minutes.
10. Can you currently walk 4 miles briskly without fatigue? Yes___ No___
11. Have you performed resistance training in the past? Yes___ No___
12. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? If yes, briefly describe:
- a.
13. Do you or did you smoke? If yes, how much per day, and what was your age when you started?
- a.
14. What kind of diet do you practice regularly? (Do not list vegan if you occasionally consume meat, fish, or dairy products).
- a. _____ Standard diet including meat, fish, dairy
- b. _____ Lacto Ovo Vegetarian (including eggs)
- c. _____ Vegan (Raw & Cooked Vegetable and fruit only)
- d. _____ Natural Hygiene (Vegan using only raw foods)
- e. _____ Living foods (Vegan with at least 25% sprouts)
15. What percent of your daily intake is vegetable? _____
16. What percent of your daily intake is cooked? _____
17. Share what you have as a practice of inward reflection or meditation or stress reduction if you have one:
- a.
18. List 12 of your strengths:
- i.
- ii.
- iii.

- iv.
- v.
- vi.
- vii.
- viii.
- ix.
- x.
- xi.
- xii.

19. What subjects of special study or research work do you have, if any?

a.

20. Do you speak a foreign language? If yes, please list:

a.

21. Please list your special skills and hobbies.

a.

22. Name & Location of School # Years Attended Year Graduated Major Field of Study:

a.

23. Explain how best you learn and share any other concerns you might have.

a.

24. What kitchen equipment (blender; juicer, food processor, dehydrator) do you own and what brand?

a.

25. To show your progress scientifically through practicing the Hippocrates approach, blood tests are essential. Please share a copy of your recent blood test or have one taken before and after the class. This information will be kept strictly confidential.

a.

Medical History (If you have any health concerns that you hope this holistic class can address, please feel free to list them here.)

1. Current overall health status: Excellent ____ Good ____ Fair ____ Poor ____
 - a. Please explain if fair or poor:

2. Are you currently seeking medical attention?
 - a. If yes, please list the reasons here:
3. Do you have any allergies?
 - a. If yes, please list.

4. Are you currently seeking psychiatric care or under the care of a psychologist?
 - a. If yes, please list the reasons why.

5. Are you currently taking medications of any kind?
 - a. If yes, please list the name of the pharmaceutical, dosage and reasons for use.

6. Have you experienced any of the following (**Depression** or **Fatigue or exhaustion**) in the past year or are you currently experiencing any of the following?

- a. If yes, list reasons.

Present/Past History

Have you had OR do you presently have any of the following conditions? Put an x if yes.

___ Rheumatic fever

___ Operations (list all of them)

___ Edema (swelling of ankles)

___ High blood pressure

___ Low blood pressure

___ Injury to back or knees

___ Seizures

___ Lung disease

___ Heart problems (palpitations, stint, chest pains, palpitations or **tachycardia**

(unusually strong or rapid heartbeat, known heart murmur)

___ Fainting or dizziness with or without physical exertion

___ Diabetes

___ High cholesterol

___ Orthopnea (the need to sit up to breathe comfortably or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)

___ Shortness of breath at rest or with mild exertion

___ Intermittent claudication (calf cramping)

___ Pain, discomfort in the chest, neck, jaw, arms, or other areas with or without physical exertion

___ Unusual fatigue or shortness of breath with usual activities

___ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body? If other or yes, please x items here:

For those wanting to lose weight Take Your Measurements

Weight _____ Height _____ Date _____

This is a great option for tracking progress because it doesn't require any fancy equipment and anyone can do it. Taking your measurements at certain areas can give you an idea of where you're losing fat, which is important since we all lose fat in different areas of our body and in a different order.

Taking your measurements can help reassure you that things are happening—even if you're not losing fat exactly where you want just yet.

Start measuring by wearing tight fitting clothing (or no clothing) and make a note of what you're wearing so you know to wear the same clothes the next time you measure. Here's how to do it:

- _____ **Bust:** Measure around the chest right at the nipple line, but don't pull the tape too tight.
- _____ **Chest:** Measure just under your bust.
- _____ **Waist:** Measure a half-inch above your belly button or at the smallest part of your waist.
- _____ **Hips:** Place tape measure around the biggest part of your hips.
- _____ **Thighs:** Measure around the biggest part of each thigh.
- _____ **Calves:** Measure around the largest part of each calf.
- _____ **Upper arm:** Measure around the largest part of each arm above the elbow.
- _____ **Forearm:** Measure around the largest part of the arm below the elbow.

It may seem obvious, but don't overlook one of the simplest ways to track progress—how your clothes fit.

Take a picture of yourself wearing a bathing suit or workout pants and for women, a sports bra and save it in the Eat to Thrive folder. Take another picture at the end of your 10 week Eat to Thrive workout.

You can also use your clothes to keep track of your progress. Choose one pair of pants that are a little tight and try them on every four weeks to see how they fit. Make a note of where they feel loose, where they feel tight, and how you feel wearing them. Keep one set of clothing for comparison a month from now.

Whatever the scale says, your pants will never lie.

If you have any questions, call Betsy at 617-835-2913. We look forward to being with you in class soon. Thank you very much.