PERSONAL PROFILE

metabolic balance

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 <= 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

Male | Female | Title | Last name | First name

Address | Date of birth[1] (MM.DD.YYYY)

Post Code | City / State | Phone | Mobile

E-mail[3] | Occupation

Height cm[1] | Weight kg[1] | Goal weight kg[1] | BMI[1/2] | WHtR[1/2]

Circumference cm[1] | Weight lifter[1]

navel cm[1] | hips cm[1] | upper thigh cm[1] | No | yes | biceps circ | 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 ([3]If yes, it is necessary to submit your e-mail address)

[1] Required field | [2] Please use the BMI and WHtR calculator on the Metabolic Balance® internet portal

PERSONAL PROFILE 2

metabolic balance

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

PERSONAL PROFILE 3

metabolic balance

Client's Name

H) Blood Values (please check or add the blood value units)

Blood Values	Result	Unit	Blood Values	Result	Unit
RBC		Mio/µl	Cholesterol, Total		☐ mg/dl ☐ mmol/l
Hemoglobin		☐ g/dl ☐ g/l ☐ mmol/l	HDL Cholesterol		☐ mg/dl ☐ mmol/l
Hematocrit		☐ % ☐ L/L	LDL Cholesterol		☐ mg/dl ☐ mmol/l
WBC		Tsd/µl	Creatine Kinase		☐ U/l 37°C ☐ µmol/si ☐ U/l 25°C ☐ ykat/l
Monocytes		%	Iron Serum		☐ Tsd/µl ☐ µmol/l
Lymphocytes		%	GGT		☐ U/l 37°C ☐ µmol/si ☐ U/l 25°C ☐ ykat/l
Neutrophils		%	AST (SGOT)		☐ ykat/l ☐ % ☐ U/l 37°C
Eosinophils		%	ALT (SGPT)		☐ ykat/l ☐ % ☐ U/l 37°C
MCH		☐ pg ☐ mmol/l ☐ amol ☐ ymol/l	Protein, Total Serum		☐ g/dl ☐ g/l
MCV		fl	BUN (Blood Urea Nitrogen)		☐ mg/dl ☐ mmol/l
Platelets		Tsd/µl	Uric Acid		☐ mmol/l ☐ µmol/l
Amylase (either Amylase OR Lipase needs to be submitted)		☐ U/l 37°C ☐ µmol/si	Potassium Serum		☐ mg/dl ☐ µmol/l ☐ mmol/l
Alkaline Phosphatase		☐ U/l 37°C ☐ µmol/si ☐ U/l 25°C	Creatinine Serum		☐ U/l 37°C ☐ µmol/si
Calcium Serum		☐ mmol/l ☐ mg/dl ☐ kA	LDH		☐ U/l 37°C ☐ µmol/si ☐ U/l 25°C
Bilirubin		☐ mg/dl ☐ µmol/l ☐ ymol/l	Lipase (either Lipase or Amylase needs to be submitted)		☐ U/l 37°C ☐ mmol/l ☐ mg/dl
Glucose Serum		☐ mg/dl ☐ mmol/l	Sodium		☐ mg/dl ☐ mmol/l
			Triglycerides		☐ mg/dl ☐ mmol/l
CRP		☐ positiv ☐ mg/dl ☐ negativ ☐ mg/l	TSH		☐ t ☐ µU/ml ☐ mg/dl

Please complete both columns!

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

PERSONAL PROFILE 4

metabolic balance

Client's Name

(0 = very bad / not at all to 10 = excellent / completely) 0 1 2 3 4 5 6 7 8 9 10

I) Status after 3 months (please complete 3 months after creation of the nutrition plan)

How do you evaluate your current state of health?

On a scale from 0 to 10 how well are you currently following the rules of the nutrition program

To which extent have you achieved your goals?

On a scale of 0 to 10 how likely are you to recommend the nutrition program to a friend?

Biological parameters (please add the units)

Weight kg lbs | GGT | Glucose | Triglyceride

HDL Cholesterol | LDL Cholesterol | Cholesterol, total

J) Status after 6 months (please complete 6 months after creation of the nutrition plan)

How do you evaluate your current state of health?

On a scale from 0 to 10 how well are you currently following the rules of the nutrition program

To which extent have you achieved your goals?

On a scale of 0 to 10 how likely are you to recommend the nutrition program to a friend?

Biological parameters (please add the units)

Weight kg lbs | GGT | Glucose | Triglyceride

HDL Cholesterol | LDL Cholesterol | Cholesterol, total

J) Status after 12 months (please complete 12 months after creation of the nutrition plan)

How do you evaluate your current state of health?

On a scale from 0 to 10 how well are you currently following the rules of the nutrition program

To which extent have you achieved your goals?

On a scale of 0 to 10 how likely are you to recommend the nutrition program to a friend?

Biological parameters (please add the units)

Weight kg lbs | GGT | Glucose | Triglyceride

HDL Cholesterol | LDL Cholesterol | Cholesterol, total