

PERSONAL PROFILE



Coach Name and ID

Client's personal details

Metabolic Balance GmbH & Co KG is unable to create meal 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 (as weight loss might be impacted), or people with a histamine or fructose intolerance will be created only upon request. We cannot create plans for children under the age of 18.

Name , address and phone number of family physician (family physician required) :

A) Personal information

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr.	Mrs.	Title	Last name	First name	
Address				Date of birth ¹	(DD.MM.YYYY)
Postal Code		City / Province		Phone number Cell phone	
E-mail ³			Occupation		
Height ¹	cm/in	Weight ¹	kg/lbs	Goal weight ¹	kg/lbs
Circumference ¹					
navel ¹	cm/in	hips ¹	cm/in	upper thigh ¹	cm/in

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 meal plan as part of the participation of the Metabolic Balance® Program. After the creation of the meal 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 meal plan to provide advice under the Metabolic Balance® meal 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 create a personalized meal plan and provide 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 newsletter. (³If yes, it is necessary to submit your e-mail address)

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/Nursing

Allergies

No Yes

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

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

Weight maintenance

Please fast 12 hours before blood drawing - only pure water is allowed, do not eat or drink anything else! However, your prescribed medication needs to be taken as per your doctor's indication.

Date

City

Signature

Medical Disclaimer: Metabolic Balance® is not a medically supervised program. The Metabolic Balance® plan and system is designed to help individuals lose weight and achieve a new lifestyle. It is a meal planning program only and in no way represents a medical treatment or medical advice. The program does not constitute a medical product or service and does not diagnose or treat any medical condition or disease. It does not accommodate for physical or medical conditions, food allergies or the taking of any medications. All medical conditions and your current health status should be discussed with your physician prior to beginning this, or any other, weight loss program.