Are you ready to meet the healthier version of you?

the90daybody.com.au | team@the90daybody.com.au | 1300 815 469

MEDICAL CLEARANCE

To be completed by regular GP.
Return the completed form to:
team@the90daybody.com.au

Clients are required to obtain medical clearance from their primary care physician prior to undertaking The 90 Day Body health and weight loss program as it is delivered online. Your assistance with verifying medical history is appreciated.

CLIENT DETAILS:

Name: _____ **DOB:** _____ **Gender:** ☐ **Male** ☐ **Female**

Height: _____ cm	Weight: _____ kg
What are your lowest and highest weights as an adult?	Lowest: _____ Year: _____ Highest: _____ Year: _____

Please indicate if you have a history of any of the following health conditions:

☐ Anxiety	☐ High blood pressure
☐ Arthritis	☐ Low blood pressure
☐ Asthma	☐ High cholesterol
☐ Coeliac Disease	☐ Insulin resistance
☐ Depression	☐ Irritable Bowel Syndrome
☐ Diabetes (type 1, type 2)	☐ Osteopaenia or osteoporosis
☐ Eating disorder	☐ Polycstic ovarian syndrome
☐ Fatty liver	☐ Thyroid condition
☐ Food allergy or intolerance	☐ Other (please specify) _____

If you answered yes to any of the above, is the condition stable?	☐ Yes	☐ No
Are you currently pregnant?	☐ Yes	☐ No
Has your doctor every told you that you have a heart condition or have you ever suffered a stroke?	☐ Yes	☐ No
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	☐ Yes	☐ No
Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise?	☐ Yes	☐ No
Do you have any other health condition or impairment not mentioned above (that affects how physically active you can be or what you can eat)?	☐ Yes	☐ No
Have you had significant mental health problems that required treatment from a health professional?	☐ Yes	☐ No

Indicate the names of any medications and/or vitamin supplements you are currently taking:

_____ _____ _____

_____ _____ _____

GP TO COMPLETE:	**Blood pressure:** _____ **Please attach copy of most recent blood results, if available.**

PATIENT CONSENT:

☐ The medical history detailed above is correct and I will notify The 90 Day Body immediately of any changes to my health

☐ I understand and agree i may be disallowed from participating in The 90 Day Body program at any time based on these criteria. This includes pregnant women, individuals under the age of 18 and those who fail to obtain medical clearance if requested.

Signature: _____ Date: _____

GP SIGNATURE:

☐ I am monitoring any medical conditions that are detailed above.

☐ I can verify to the best of my knowledge that medical history and medications are correct.

Name: _____

Practice Address: _____

Contact Number or Email: _____

Signature: _____ Date: _____

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The 90 Day Body is a holistic program developed by allied health professionals; a dietitian and exercise physiologists with over 15 years of industry experience.

This is NOT a fad diet. This is a program targeting food choices and exercise specifically designed to help clients lose weight and then teach them how to maintain their new healthier body forever. Weight loss is complex and this program makes it simple as we have utilised the most effective strategies for success. We understand that change is not easy and that is why clients are provided with a support group as well as access to their tertiary qualified health professional (e.g. dietitian, exercise physiologist or credentialed diabetes educator).

We combine key principles for successful weight loss and long-term weight management:

- Evidence based, scientific nutrition plans
- Strategies to reduce sedentary behaviour patterns and implement a regular exercise regime
- One-on-one health professional coaching using techniques such as cognitive behaviour therapy to facilitate and support behaviour change
- Interactive support group for daily motivation

Thank you for your assistance in your patient's health.
Sincerely,

Directors **Natalie Delana** (*BSc Health & Ex Sci (Hons), Post Grad. Cert. Diabetes Management)* and **Robynne Jeftha** (*BSc (Nutr)(Hons), BAppSc (Ex&SpSci)).*

For more information please visit our website www.the90daybody.com.au or call us on 1300 815 469.

"For years GPs have been telling me to lose weight. I was always dieting but I was also bingeing and out of control. I never thought I could lose this amount of weight eating and enjoying so much food. I love food more than ever, only this time it's the right kind of food. I have never been healthier or happier".

Tom (64 yo) lost 28 kg in 90 days and a total ***45 kg*** *at 180 days.*