

# BELLEVUE

## HOTEL BELLEVUE & SPA CLINIC ARTFULLY REJUVENATING

### SEA-TOX INITIAL INTAKE

PLEASE ANSWER THE FOLLOWING QUESTIONS. THERE ARE NO RIGHT OR WRONG ANSWERS.

NAME AND SURNAME

DATE

AGE

BIRTH GENDER

HEIGHT (CM)

WEIGHT (KG)

WHAT IS THE PRIMARY REASON OF YOUR INTEREST IN THIS PROGRAMME?

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WHAT ARE YOUR GOALS IN CHOOSING THE THIS PROGRAMME?

- ☐ DECREASE BODY MASS / BODY FAT
- ☐ INCREASE BODY MASS
- ☐ MAINTAIN CURRENT BODY MASS
- ☐ IMPROVE SPORTS PERFORMANCE
- ☐ FEEL BETTER

- ☐ GET IN BETTER SHAPE
- ☐ HAVE MORE ENERGY
- ☐ TAKE LESS MEDICATION
- ☐ LOOK BETTER
- ☐ \_\_\_\_\_

PLEASE LIST ANY PRESCRIPTION MEDICATIONS YOU ARE PRESENTLY TAKING AND FOR WHAT CONDITIONS?

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PLEASE LIST ANY NATURAL SUPPLEMENTS, VITAMINS OR MINERALS YOU ARE PRESENTLY TAKING WITH DOSAGES.

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DO YOU SUFFER FROM A CHRONIC/ACUTE  
HEART, LUNG, LIVER, KIDNEY OR AUTOIMMUNE DISEASE?  
IF YES, IDENTIFY HERE.

YES / NO

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DO YOU CURRENTLY HAVE ANY PHYSICAL INJURIES OR ACUTE /  
CHRONIC PAIN IN THE BODY?  
IF YES, IDENTIFY HERE.

YES / NO

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HAVE YOU HAD ANY RECENT SURGERIES IN THE PAST YEAR?

YES / NO

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DO YOU HAVE ANY OTHER MEDICAL CONDITIONS THAT YOU ARE AWARE OF OR THAT  
WOULD PREVENT YOU FROM PARTICIPATING IN THIS PROGRAMME?

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DO YOU HAVE ANY FOOD SENSITIVITIES THAT YOU ARE AWARE OF?  
IF YES, IDENTIFY HERE.

YES / NO

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ARE THERE ANY FOODS YOU DISLIKE?

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DO YOU SMOKE CIGARETTES?

YES / NO

IF YES, HOW MANY PER DAY? \_\_\_\_\_

HAVE YOU SMOKED CIGARETTES IN THE PAST?

YES / NO

IF YES, WHEN DID YOU STOP? \_\_\_\_\_

HOW OFTEN DO YOU CONSUME ALCOHOL?

- |                                                                 |                                                           |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> I DO NOT DRINK ALCOHOL AT ALL          | <input type="checkbox"/> REGULARLY / A FEW TIMES PER WEEK |
| <input type="checkbox"/> OCCASIONALLY /<br>ONCE A MONTH OR LESS | <input type="checkbox"/> DAILY                            |

EACH TIME YOU CONSUME ALCOHOL, HOW MANY DRINKS DO YOU HAVE?

- |                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> I DO NOT DRINK ALCOHOL | <input type="checkbox"/> 2-3 DRINKS         |
| <input type="checkbox"/> 1 DRINK                | <input type="checkbox"/> MORE THAN 3 DRINKS |

HOW OFTEN DO YOU HAVE BOWEL MOVEMENTS?

- |                                                  |                                              |                                             |
|--------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> MORE THAN 3 TIMES A DAY | <input type="checkbox"/> 1-2 TIMES A DAY     | <input type="checkbox"/> A FEW TIMES A WEEK |
| <input type="checkbox"/> 2-3 TIMES A DAY         | <input type="checkbox"/> ONCE EVERY 2-3 DAYS | <input type="checkbox"/> WEEKLY OR LESS     |

PLEASE RATE YOUR:

DAILY ENERGY LEVELS	EXCELLENT	GOOD	FAIR	POOR
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GENERAL STRESS LEVELS	EXCELLENT	GOOD	FAIR	POOR
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OVERALL ENJOYMENT OF LIFE	EXCELLENT	GOOD	FAIR	POOR
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HOW MANY HOURS DO YOU SLEEP? \_\_\_\_\_

DO YOU SLEEP THROUGH THE NIGHT?

YES / NO

DO YOU WAKE UP FEELING RESTED?

YES / NO

DO YOU MEDITATE REGULARLY OR DO YOU PRACTICE OTHER FORMS OF  
RELAXATION SUCH AS YOGA, PROGRESSIVE MUSCLE RELAXATION OR SIMILAR? YES / NO  
IF YES, WHAT FORM AND HOW OFTEN? YES / NO

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DO YOU EXERCISE? YES / NO  
IF YES, WHICH ACTIVITIES AND HOW OFTEN?

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DO YOU FEEL YOU ARE:

- |                                     |                                              |                                          |
|-------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> TOO THIN   | <input type="checkbox"/> THE RIGHT BUILD     | <input type="checkbox"/> VERY OVERWEIGHT |
| <input type="checkbox"/> A BIT THIN | <input type="checkbox"/> SLIGHTLY OVERWEIGHT | <input type="checkbox"/> _____           |

IN YOUR OPINION, WHAT WOULD BE YOUR IDEAL BODY WEIGHT? \_\_\_\_\_

HAS YOUR BODY MASS INDEX CHANGED IN THE LAST YEAR?

- ☐ NO      ☐ YES, I GAINED \_\_\_\_\_ KG      ☐ YES, I LOST \_\_\_\_\_ KG

HAVE YOU EVER CONSULTED A NUTRITIONIST? YES / NO  
IF YES, WHEN?

- ☐ LESS THAN 1 YEAR AGO      ☐ 1-2 YEARS AGO      ☐ 3 OR MORE YEARS AGO

HOW MANY TIMES PER WEEK DO YOU EAT OUT? \_\_\_\_\_

WHO PREPARES FOOD AT YOUR HOME? \_\_\_\_\_  
HOW MANY MEALS DO YOU HAVE A DAY? \_\_\_\_\_

HOW OFTEN DO YOU SKIP MEALS?

- |                                     |                                    |                                |
|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> VERY OFTEN | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> NEVER |
| <input type="checkbox"/> OFTEN      | <input type="checkbox"/> RARELY    |                                |

ARE YOU CURRENTLY FOLLOWING ANY FORM OF SPECIAL DIET?  
(E.G. VEGETARIAN, VEGAN, PALEO, LOW-CARB, KOSHER, HALAL...)  
IF YES, WHICH? HOW LONG HAVE YOU BEEN FOLLOWING THIS DIET?

YES / NO

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WOULD YOU LIKE TO CHANGE SOME OF YOUR DIETARY HABITS?  
IF YES, WHICH HABITS WOULD YOU LIKE TO CHANGE?

YES / NO

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PLEASE LIST A SAMPLE OF WHAT YOU MIGHT EAT DURING THE WORKING WEEK AND ON DAYS WHEN YOU DO NOT WORK. WRITE AT WHAT TIME YOU EAT YOUR MEALS.

## WORKING DAYS

## NON-WORKING DAYS

## BREAKFAST

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

PLACE: \_\_\_\_\_

I USUALLY EAT / DRINK

I USUALLY EAT / DRINK

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## LUNCH

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

PLACE: \_\_\_\_\_

I USUALLY EAT / DRINK

I USUALLY EAT / DRINK

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## SNACKS

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

PLACE: \_\_\_\_\_

I USUALLY EAT / DRINK

I USUALLY EAT / DRINK

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## DINNER

TIME: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

PLACE: \_\_\_\_\_

I USUALLY EAT / DRINK

I USUALLY EAT / DRINK

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