



## PEER EDUCATOR REQUEST FORM FOR DIETARY ANALYSIS

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Status:     Student     Faculty     Staff     Alumni

Gender:    Male    Female

Ethnicity:    Asian Pacific    African American    Caucasian    Latino/Chicano

Native American    Other: \_\_\_\_\_

Height: \_\_\_\_\_ / \_\_\_\_\_

Birth date: \_\_\_\_\_

Weight: \_\_\_\_\_

Body fat % \_\_\_\_\_

Have you ever worked with a Nutritionist before? \_\_\_\_\_

If yes, whom did you work with: \_\_\_\_\_

Are you currently exercising on a regular basis?     Yes     No

What are your nutrition goal(s)-please be specific:

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What are your fitness goal(s)-please be specific:

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**Weekly Exercise Information**

**Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.**

<b><u>Exercise/Activity</u></b>	<b><u>Days/week</u></b>	<b><u>Duration</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Lifestyle / Professional Activity**

**How would you rate the activity level of your profession, or what you do during the day (non-exercise related).**

- Sedentary    Moderately Active    Active    Very Active

**What are your goals?**

- Weight Loss    Maintain /Improve Eating Habits    Gain Weight

**What is your goal weight? \_\_\_\_\_**

**Body Type**

**Which of the following statements best describes you?**

- I can eat practically anything I want and I do not gain weight. I find it very hard to gain weight.  
 I can lose or gain weight by adjusting my activity level and eating habits.  
 I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

**Health & Medical Conditions**

**Check any that apply or describe any other(s).**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> heart disease      | <input type="checkbox"/> anemia         | <input type="checkbox"/> hypoglycemia |
| <input type="checkbox"/> liver disease      | <input type="checkbox"/> kidney disease | <input type="checkbox"/> diabetes     |
| <input type="checkbox"/> pancreatic disease | <input type="checkbox"/> lactation      | <input type="checkbox"/> hypertension |
| <input type="checkbox"/> other _____        |   |                                       |

**Have you ever been placed on any type of nutritional program in the past?  Yes    No**  
**If yes, by whom and what did it consist of? Please explain below.**

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**Have you ever had your body fat tested?  Yes    No**  
**If yes, how was it tested and when?**

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I, \_\_\_\_\_ AGREE TO ALLOW THE PEER EDUCATOR TO ASSIST ME IN UTILIZING THE DIET ANALYSIS PLUS 8.0.1 SOFTWARE TO TRACK MY NUTRITIONAL HABITS AND ACCESS MEAL PLANS. I WILL NOT HOLD THE PEER EDUCATOR OR ANY ONE RELATED PERSONS OR PARTIES PERSONALLY LIABLE FOR ANY PROBLEMS, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EATING HABITS. I UNDERSTAND THAT THE PEER EDUCATOR IS NOT A REGISTERED OR LICENSED DIETITIAN, NOR A MEDICAL PRACTITIONER. THIS NUTRITION PROGRAM DOES NOT REPLACE THE EXPERT ADVICE OR MEDICAL TREATMENT OF MY OWN PRIVATE DOCTOR. I HAVE GIVEN THE PEER EDUCATOR ALL NECESSARY INFORMATION ABOUT MYSELF TO PREVENT ANY POSSIBLE COMPLICATIONS.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please submit this form to the FitWell Center located on the first floor of the Burns Recreational Center. Please refer to <http://www.lmu.edu/campusrec> for detailed info. Questions/Concerns? Contact 310-338-4430 for assistance.