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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are your fitness goal(s)-please be specific:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Weekly Exercise Information
Explain in detail what type of resistance exercises, cardiovascular or sports activities you perform on average during a 7-day period.

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<th>Exercise/Activity</th>
<th>Days/week</th>
<th>Duration</th>
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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).
- heart disease
- liver disease
- pancreatic disease
- anemia
- kidney disease
- lactation
- hypoglycemia
- diabetes
- hypertension
- 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.
___________________________________________________________________________________
___________________________________________________________________________________

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