

## Application for the Lifestyle Management Programme: Individuals

**A. Details of Participant Joining the Lifestyle Management Programme**  
*Congratulations! You have committed yourself to a healthier lifestyle by enrolling.*

Title	Full Names																											
Date of Birth	D	D	M	M	Y	Y	Y	Y	Surname																			
Residential Address																												
Postal Address																										Postal Code		
Tel. (H)										(W)																		
Cell.											Male	Female																
Email																												
Fax								Occupation																				

**B. Details of Main (Principal) Member**

Membership Number																Option															
Title				Initials						Date Of Birth	D	D	M	M	Y	Y	Y	Y													
Surname																															

**C. Chronic Medication or Any Other Medication Used Continuously for 3 Months Within the Last 2 Years**

Name of Medication	Strength	Date Medication Started

**D. Qualifying Criteria**  
*(All measurements to be taken by the Lifestyle Management Programme Coordinator)*

Waist Circumference \_\_\_\_\_ cm  
Male: <100cm ; 100-110cm ; >110cm  
Female: <90cm ; 90-100cm ; >100cm  
BMI: <20 ; 20-30 ; >30  
Weight \_\_\_\_\_ kg    Height \_\_\_\_\_ cm

**Chronic Conditions**

Were you ever diagnosed / told you have / treated for or are currently on treatment for:  
*(Indicate all applicable conditions)*

Diabetes (Type 2)     Elevated Blood Sugar Levels     Insulin Resistance   
Glucose Intolerance     Hypertension     Elevated Cholesterol Levels   
Heart Disease     Gout     Hyperuricaemia     Obesity   
Polycystic Ovarialsyndrome     Diagnosed/Treated by: \_\_\_\_\_

**Heredity**

Do/did any of your close relatives (mother, father, brothers, sisters) have any of the above-mentioned chronic conditions diagnosed before the age of 60 / did any such relatives die from it before age 40?

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Is/was the applicable relative overweight: Yes \_\_\_\_\_ Not sure \_\_\_\_\_ No \_\_\_\_\_  
Blood Test Results (*Done within last 3 months*)

Fasting Glucose \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Fasting Lipogram: Total Cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_  
HDL Cholesterol \_\_\_\_\_ LDL Cholesterol \_\_\_\_\_

**E. Smoking**

Smoker  Non-smoker

Stopped Smoking  How long ago? \_\_\_\_\_

**F. Alcohol Consumption**

(1 Unit = 1 small beer / small glass wine / 1 tot spirit)

< 1 unit/week \_\_\_\_\_ 1-4 units/week \_\_\_\_\_ 4-8 units/week \_\_\_\_\_ >8 unit/week \_\_\_\_\_

**G. General**

Can you walk 2-3km without getting anxious, pain in the chest, short of breath? Yes  No

Do you get frequent cramps in the legs? Yes  No

Dizziness/fainting? Yes  No

Frequent headaches? Yes  No

Experience frequent tiredness without reason? Yes  No

Are you a stressed person? Moderate  Above moderate

Do you loose your temper very easily? Seldom  Sometimes  Quite often

**H. What Do You Want to Achieve by Joining the Lifestyle Management Programme?**

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I hereby give consent that my progress on this Programme may be evaluated after a period of 6 months. If I show poor/no programme adherence after 12 months, I agree to be taken off the Programme and I hereby note that a letter will be put on my member file. I also undertake to attend all appointments (or cancel in advance if I cannot attend) and agree to be disqualified if I do not attend.

Signed \_\_\_\_\_

Date \_\_\_\_\_