

Jonathan White - Health Details

Personal Details

- Last Name: White
- First Name: Jonathan
- Address: 1 Dennis Ave
- City: Kingston 10
- Telephone Number: 18762763071
- Email: jonathan.white.jm@gmail.com
- DOB: 21 March 2000
- Family Doctor Name: Dr. Grace Cooper
- Have you seen a Dietitian before: No

Medical History

- Height: 6'
- Weight: 158lbs
- Body fat percentage: 18%
- Health Conditions: IBS (triggers when eating gluten) - abdominal cramps, constipation and pale foul smelling stool
- Food Allergies/Intolerances: Dairy
- Taking any supplements or medication
 - Yes supplements:
 - First thing in the morning: L-Glutamine 1000mg
 - Everyday: Tongkat Ali 400mg, Fish Oil 1200mg EPA, Vitamin D , Daily Vitamin

- During the day: Ashwagandha 3000mg
- Before sleep: Apigenin 50mg, magnesium threonate 2000mg, l-theanine 200mg, inositol 750mg
- No medication
- Family Health History
 - Mother's side has a history of diabetes

Lifestyle

- Occupation: Unemployed
- At work, I am: Sedentary
- Schedule: Day
- I live: With parents and siblings
- Who does the grocery shopping: Me
- Who cooks: Me
- How often do you eat out: bi-weekly
- Are you dieting: No
- Do you: Feeling out of control when eating, Eat large quantities of food at one time
- # Of meals eaten during the day: 3
- # Of snacks eaten during the day: 2
- Salt intake: High
- Fat intake: High
- Do you drink caffeine: No
- Do you smoke: No
- Do you drink alcohol: No
- Do you exercise: Yes

- What Types of exercise: I am a brazilian jiu jitsu athlete who trains monday to saturday between 5pm and 8pm

Mental health

- Stress Level: 6
- Source of stress: Unemployment
- Do you have problems with eating or your appetite when stressed: No
- Hours of sleep per night: 6-7
- Any sleep interruptions: Yes
- Please Explain: I usually get up to use the bathroom

Self Assessment

- What is your health goal: To get to 170lbs at 5% body fat
- What is your biggest obstacle to reaching your goal?: My unemployment
- On a scale of 1 to 10, how would you rate the importance of making changes to benefit your health?: 10
- On a scale of 1 to 10, how would you rate your readiness to making changes to benefit your health? 10
- On a scale of 1 to 10, how would you rate your confidence that you will be successful in making changes to benefit your health? 10
- What is your favourite food: Sweets and sour chicken