WRIGHT Foundation.2023

**Exercise Referral Specialist Obesity & Diabetes Course**

**Case Study Assessment: Client Profile**

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| --- | --- | --- | --- |
| **Name** | Abbott | **Gender** | Male |
| **Date of birth** | 21 February 1983 | **Contact** | 01234 567891 |
| **Next of kin** | Mrs Abbott | **Ethnicity** | British White |

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| **Medical conditions** |
| Obesity |
| Hypertension |
| Hypercholesterolaemia |

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| **Dietary information** | |
| Average daily intake ≈ 3240 kcals | Fats ≈ 35% of which saturates ≈15% |
| Carbohydrates ≈ 55%; high in simple sugars | Protein ≈ 10% |

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| **Medication** |
| Orlistat |
| Atorvastatin |

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| **Physiological information** | |
| BP (seated): 142/88 mmHg | RHR: 82bpm |
| Weight: 120kg | Height: 1.66m |
| Gross cholesterol: 5.8mmol/L | Waist: 95cm |
| BMI =44 |  |

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| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

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| **Patient’s statement regarding psychology and state of change:** |
| “I don’t like being fat but I just don’t believe that exercise is good for me, I’ve had injuries in the past playing sport and don’t want to go back there. I do wish that I could be myself a bit more, it depresses me when people look at me and you know they’re thinking he’s fat, I bet he’s a lazy sod”. |

Date: Present day

Referring person: Dr Jones

Signature: H. Jones

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**Case Study Assessment: Client Profile**

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| --- | --- | --- | --- |
| **Name** | Sing | **Gender** | Female |
| **Date of birth** | 28 February 1965 | **Contact** | 01234 567891 |
| **Next of kin** | Mr Sing | **Ethnicity** | British Asian |

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| **Medical conditions** |
| Obesity |
| Hypertension |
| Osteoarthritis (both knees) |

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| **Dietary information** | |
| Average daily intake ≈ 2220 kcals | Fats ≈ 39% of which saturates ≈19% |
| Carbohydrates ≈ 51%; high in simple sugars | Protein ≈ 10% |

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| **Medication** |
| Orlistat |
| Ramipril |

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| **Physiological information** | |
| BP (seated): 126/89 mmHg (medicated) | RHR: 81bpm |
| Weight: 92 kg | Stature: 1.50m |
| Gross cholesterol: 5.0mmol/L | Waist: 84cm |
| BMI = 41 |  |

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| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

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| **Patient’s statement regarding psychology and state of change:** |
| “I don’t really know how I got to be so big. I feed my family well, but I don’t eat so much myself. My husband says that I should lose some weight, so does my doctor; I would like to move about without my knees hurting so much”. |

Date: Present day

Referring person: Dr Jameson

Signature: J. Jameson

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**Case Study Assessment: Client Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Smith | **Gender** | Female |
| **Date of birth** | 21 January 1970 | **Contact** | 01234 567891 |
| **Next of kin** | Mr Smith | **Ethnicity** | British White |

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| **Medical conditions** |
| Overweight (unstable - moving towards obesity) |
| Type 2 diabetes mellitus (stable) |
| Hypercholesterolaemia |

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| **Dietary information** | |
| Average daily intake ≈ 2400 kcals | Fats ≈ 31% of which saturates ≈11% |
| Carbohydrates ≈ 59%; high in simple sugars | Protein ≈ 10% |

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| **Medication** |
| Gliclazide |
| Atorvastatin |

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| **Physiological information** | |
| BP (seated): 142/87 mmHg | RHR: 78bpm |
| Weight: 102 kg | Height: 1.56m |
| Total blood cholesterol: 6.0mmol/L (medicated) | Waist: 87cm |
| BMI = 42 |  |

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| --- |
| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

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| **Patient’s statement regarding psychology and state of change:** |
| “Since the kids left home I’ve steadily put on weight. I miss them, although I’m glad they’re doing well. I don’t have to do much around the house now. I’ve a part time job but it’s at a desk most of the time and there’s only really snack food to eat. I’ve never been to a gym and don’t think I really fancy it, I can’t keep on like this though, it makes me feel really down when I see my reflection”. |

Date: Present day

Referring person: Dr Carter

Signature: T. Carter

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**Case Study Assessment: Client Profile**

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| --- | --- | --- | --- |
| **Name** | Khan | **Gender** | Male |
| **Date of birth** | 19 March 1971 | **Contact** | 01234 567891 |
| **Next of kin** | Mrs Khan | **Ethnicity** | British Asian |

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| **Medical conditions** | |
| Obesity |  |
| Type 2 diabetes mellitus (stable) |  |
| Osteoarthritis (right knee) |  |

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| **Dietary information** | |
| Average daily intake ≈ 3200 kcals | Fats ≈ 35% of which saturates ≈14% |
| Carbohydrates ≈ 58%; high in simple sugars | Protein ≈ 7% |

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| **Medication** |
| Orlistat |
| Metformin |
| Paracetamol (taken when deemed necessary) |

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| **Physiological information** | |
| BP (seated): 139/84 mmHg | RHR: 79bpm |
| Weight: 120 kg | Height: 1.71m |
| Total blood cholesterol: 5.6mmol/L | Waist: 96cm |
| BMI = 41 |  |

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| --- |
| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

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| --- |
| **Patient’s statement regarding psychology and state of change:** |
| “I’ve put weight on over the last few years, most people do don’t they. I don’t think I’m too bad, but I’m concerned about the diabetes, I’ve heard some bad things about that”. |

Date: Present day

Referring person: Dr Jackson

Signature: S. Jackson

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**Case Study Assessment: Client Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Coulson | **Gender** | Female |
| **Date of birth** | 28 February 1974 | **Contact** | 01234 567891 |
| **Next of kin** | Mr Coulson (Father) | **Ethnicity** | British White |

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| --- | --- |
| **Medical conditions** | |
| Obesity |  |
| Hypertension |  |
| Impaired Fasting Glucose |  |

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| --- | --- |
| **Dietary information** | |
| Average daily intake ≈ 2450 kcals | Fats ≈ 37% of which saturates ≈13% |
| Carbohydrates ≈ 51%; high in simple sugars | Protein ≈ 12% |

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| **Medication** |
| Orlistat |
| Fosinopril sodium |

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| --- | --- |
| **Physiological information** | |
| BP (seated): 135/82 mmHg (medicated) | RHR: 81bpm |
| Weight: 100kg | Height: 1.51m |
| Total blood cholesterol: 5.1mmol/L | Waist: 74cm |
| BMI = 44 |  |

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| --- |
| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

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| **Patient’s statement regarding psychology and state of change:** |
| “I don’t really like how I look of feel really. I’m worried about going to the gym because everyone’s so fit there. I suppose I put weight on after the kids left, I’m a little bored and often eat even if I’m not that hungry” |

Date: Present day

Referring person: Dr Samson

Signature: H. Samson

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**Case Study Assessment: Client Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Bala | **Gender** | Female |
| **Date of birth** | 21 January 1976 | **Contact** | 01234 567891 |
| **Next of kin** | Mr Bala | **Ethnicity** | British Asian |

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| --- |
| **Medical conditions** |
| Obesity |
| Hypertension |
| Type 2 diabetes mellitus (stable) |

|  |  |
| --- | --- |
| **Dietary information** | |
| Average daily intake ≈ 2500 kcals | Fats ≈ 35% of which saturates ≈15% |
| Carbohydrates ≈ 54%; high in simple sugars | Protein ≈ 11% |

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| --- |
| **Medication** |
| Metformin |
| Verapamil |

|  |  |
| --- | --- |
| **Physiological information** | |
| BP (seated): 134/83 mmHg (medicated) | RHR: 80bpm |
| Weight: 105 kg | Height: 1.58m |
| Total blood cholesterol: 5.4mmol/L | Waist: 82cm |
| BMI = 42 |  |

|  |
| --- |
| **Present physical activity levels (as reported by patient)** |
| Very low, essentially sedentary |

|  |
| --- |
| **Patient’s statement regarding psychology and state of change:** |
| “My husband says that I should lose weight but it’s really difficult when you’re cooking not to try the food, I need to be sure it’s good. I suppose I would like to lose some weight but I’m not going to a gym”. |

Date: Present day

Referring person: Dr Aurora

Signature: T. Aurora