



Welcome to our office. We look forward to helping you meet your goals!

PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone (Home): _____ (Mobile): _____

Date of Birth: _____ Age: _____ Height: _____ Email: _____

Occupation: _____ Spouse Occupation: _____

Employed By: _____

HOW WERE YOU REFERRED TO OUR OFFICE?

Radio: _____ Which Station? _____ Newspaper Ad: _____ Street Sign: _____

Friend of family: _____ Online: _____ Other: _____

MEDICAL HISTORY

Do you or any family member have/had any of the following? Please put a "✓" for you, or an "F" for family

- Depression, Stroke, Headache, Gout, Heart Attack, Hypoglycemia, Neck Pain, Mid Back Pain, Diabetes, Anemia, Poor Sleep, Low Back Pain, Thyroid Disease, Cancer, Dizziness, Carpal Tunnel, Kidney Disease, High Blood Pressure, Arthritis, Epilepsy, Intestine Problems, High Cholesterol, Organ Transplant, Gallbladder Disease, Shortness of Breath

List any surgeries you have had: _____

Are you taking any medications? _____ If Yes, please list: _____

Are you pregnant? _____ How many children? _____ Are you breast feeding? _____

Do you Smoke? _____ Drink? _____

How much water do you typically drink in a day? _____

Any Known Allergies? _____ If yes, please list: _____

Your Primary Care Physician and full address: _____

HISTORY

How long have you been overweight? _____

How have you tried to lose the weight in the past? _____

What are your top 2 reasons why you want to lose weight? 1- _____ 2- _____

Has your doctor recommended you to lose weight? _____

Can you attribute the weight gain to anything? _____

What is your energy level on a scale of 1-10, with 1 being the lowest and 10 the highest? _____

On average, how many hours of sleep do you get each night? _____

How many times do you eat out at a restaurant during an average week? _____

GOALS

What is your Goal Weight? _____

When was the last time you were at that weight? _____

How much weight have you lost and gained then lost and gained in the past? _____

On a scale of 1-10, with 10 meaning "I'm fully committed, I want to start right now", & 1 meaning "I'm not interested" What is your current level of commitment? _____