



PERSONAL INFORMATION

Date: _____

Dr. ___ Mr. ___ Mrs. ___ Miss. ___ Name _____
Address _____ City, State, Zip _____
Telephone (Mobile) _____ (Home) _____
Email _____ Date of Birth ___/___/___ Age _____ Height _____
Occupation _____ Spouse Occupation _____
Employed By _____

HOW WERE YOU REFERRED TO OUR OFFICE?

Radio: Which Station? _____ Online: _____
 Television: _____ Other: _____
 Friend or family: _____

MEDICAL HISTORY

Have you or any family members had any of the following? Please put an "F" if family member and/or an "X" for you.

____ 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

How many children do you have? _____ Are you pregnant or nursing? Y / N Do you smoke? Y / N Drink? Y / N

List any surgeries you have had: _____

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

How many times per week do you eat out? _____ How much water do you typically drink each day? _____

Known allergies: _____

Your primary care physician name and city: _____

HISTORY

How long have you been overweight? _____

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

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

Has your doctor recommended you to lose weight? _____

Can you attribute the 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? _____

GOALS

What is your Goal Weight? _____ When was the last time you were at that weight? _____

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

On a scale of 1-10, with 10 meaning "I'm fully committed, let's start right now," and 1 meaning "Not interested," what is your current level of commitment? _____

Internal Use Only: