



DATE \_\_\_\_\_

PERSONAL INFORMATION \_\_\_\_ Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Miss  
Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, \_\_\_\_\_

Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Carrier \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse \_\_\_\_\_

Occupation \_\_\_\_\_

Employed By \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_ if person, who \_\_\_\_\_

Radio \_\_\_\_\_ if so, which station? \_\_\_\_\_ Print advertisement \_\_\_\_\_ if so, which one \_\_\_\_\_

Internet \_\_\_\_\_ (circle) Google Bing

Have you had surgery in the past? \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

If Yes, please list \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How many children? \_\_\_\_\_ Are you Breast Feeding? \_\_\_\_\_

### MEDICAL HISTORY

Do you or any family member have/had any of the following? If Family Member Put "F"

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

Your Primary Care Physician and full address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HISTORY

How long have you been overweight? \_\_\_\_\_

Have you tried to lose the weight in the past? \_\_\_\_\_

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

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Has your doctor recommended you to lose weight?

Can you attribute the gain to anything?

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**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, and 1 meaning not interested – What is your current level of commitment?

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