



Name _____

Address _____

City _____ State _____ Zip _____

Telephone-Home (____) _____ Mobile (____) _____

Email _____ I would like to receive email communication: YES or NO

DOB (MM/DD/YY) _____ Age _____ Height ___ft___in

Occupation _____ Spouse Occupation _____

How were you referred to our office? _____

Are you taking any medication? YES NO

If yes, please list medication name and dosage, if more space is need use back of page:

Do you have any known allergies? YES NO

If yes, please list known allergies: _____

Do you wear a pacemaker? YES NO

Are you pregnant? YES NO Are you breast feeding? YES NO

MEDICAL HISTORY

Do you or any family member have/had any of the following? If Family use "F", Personally use "X"

- | | | |
|--|---|---------------------------|
| _____ Heart Attack | _____ Gout | _____ High Cholesterol |
| _____ Diabetes*
(If yes, is it under control? YES NO) | _____ Hypoglycemia | _____ Headache |
| _____ Thyroid Disease | _____ Anemia | _____ Poor Sleep |
| _____ Gallbladder Disease | _____ Cancer | _____ Arthritis |
| _____ Kidney Disease | _____ High Blood Pressure*
(If yes, does it require more than 2 medications? YES NO) | _____ Shortness of Breath |
| _____ Stroke | _____ Low Blood Pressure* | _____ Intestinal Problems |
| _____ Grave's Disease* | _____ Weak/Compromised Immune system* | _____ Depression |

Primary Care Physician name and address: _____

HISTORY

How long have you been overweight? _____

Can you attribute your weight gain to anything specific? _____

Have you tried to lose weight in the past? YES NO

If yes, please list programs/methods _____

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

What would prevent you from starting our program today? _____

Has your Primary Care Physician recommended you to lose weight? YES NO

GOALS

What is your current weight? _____ What is your goal weight? _____

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

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

On a scale of 1-10, with 10 meaning – I'm fully committed to losing weight and getting healthy, what is your commitment level? _____

Signature _____ Date _____

CONGRATULATIONS on taking the 1st step in changing your life!