

WEIGHT LOSS

Medical History

Name: _____ Age: _____ Sex: Male Female

Nutrition Evaluation:

1. Present Weight: _____ Height: _____ Desired Weight: _____
2. In what time frame would you like to be at your desired weight? _____
3. What is the main reason for your decision to lose weight? _____
4. When did you begin gaining excess weight? _____
5. Previous diets you have followed. _____ Give dates and results of your weight loss: _____

6. How often do you eat out? _____
7. Food allergies: _____
8. Food dislikes: _____

MEDICAL WEIGHT LOSS INTAKE

9. Food(s) you crave: _____
10. Do you drink coffee or tea? Yes No How much daily? _____
11. Do you drink cola drinks? Yes No How much daily? _____
12. Do you drink alcohol? Yes No How much daily: _____ Weekly: _____
13. Do you use a sugar substitute: _____ Butter: _____ Margarine: _____
14. Do you awaken hungry during the night? Yes No
15. What are your unhealthy eating habits? _____
16. Snack Habits:
What? _____ How much? _____ When? _____

17. When you are under a stressful situation at work or family-related, do you tend to eat more? Explain:

18. Do you think you are currently undergoing a stressful situation or an emotional upset? Explain:

MEDICAL WEIGHT LOSS INTAKE

19. Typical Breakfast

Typical Lunch

Typical Dinner

Time eaten: _____

Time eaten: _____

Time eaten: _____

Where: _____

Where: _____

Where: _____

20. Describe your usual energy level: _____

21. Activity Level:(answer only one)

- | | |
|--|--|
| <input type="checkbox"/> Inactive ↓ | <input type="checkbox"/> No regular physical activity with a sit-down job. |
| <input type="checkbox"/> Light activity ↓ | <input type="checkbox"/> No organized physical activity during leisure time. |
| <input type="checkbox"/> Moderate activity ↓ | <input type="checkbox"/> Occasionally involved in activities such a weekend golf, tennis, jogging, swimming or cycling. |
| <input type="checkbox"/> Heavy activity ↓ | <input type="checkbox"/> consistent elevator, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least three times per week. |
| <input type="checkbox"/> Vigorous activity ↓ | <input type="checkbox"/> Participation in extensive physical exercise for at least 60 minutes per session 4 times per week. |

22. Behavior style: (answer only one)

- You are always calm and easygoing.
- You are usually calm and easygoing.
- You are sometimes calm, with frequent impatience.
- You are seldom calm and persistently driving for advancement.
- You are never calm and have an overwhelming ambition.
- You are hard-driving and can never relax.

23. Please describe your general health goals and improvements you wish to make:

This information will assist us in assessing your problem areas and establishing your medical management.

Thank you for your time and patience in completing this form.

MEDICAL WEIGHT LOSS INTAKE

10 Reasons “Why I Want to Reach My Goal Weight” (Complete for follow-up Visit)

Before writing your reasons down, give them some thought. It is important that these 10 reasons be true personal goals and desires. They should not be generalizations or what you think would please others because they will be used as your "personal motivator."

Take a few moments from time to time each day to thoughtfully read through this list. This is called mental programming. The original of your 10-reason list is retained in your medical file. You will be given a copy to carry with you at all times.

Make a promise to yourself now: "I will read the entire card whenever I am confronted with a difficult food situation." Reading the list will clearly reinforce your personal commitment to take control of your health and self-esteem.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____