



Weight Loss Clinic Initial Appointment

Name: _____ DOB: _____

Allergies: _____

Current Medications:

Past Medical History:

History of pancreatic complications? Y or N

Family History of Medullary Thyroid Cancer? Y or N

Women: Pregnant or planning to become pregnant? Y or N

Past Surgical History:

Social History:

Ideal/Desired Weight _____ lbs

In what time frame would you like to be at your desired weight? _____

How long have you been struggling with your weight? _____

What diets and/or programs have you tried? _____

Medications? (Meridia, Xenical, Alli, Phentermine, Other) _____

How often do you eat out? _____

What restaurants do you frequent? _____

Who plans meals? _____ Cooks? _____ Shops? _____ Shopping List? _____

What foods do you crave? _____

Do you crave these foods at a specific time of the day or month? If so, when? _____

What foods do you dislike? _____

Describe what you eat on a typical day:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Drink coffee or tea	Yes	No	How much daily?	_____
Drink carbonated drinks	Yes	No	How much daily?	_____
Drink alcohol	Yes	No	How much daily?	_____
Do you get up at night to eat?	Yes	No		

Fitness:

Do you work out or are you engaged in any type of physical activity? Yes No

What do you do? Walk Run Swim Aerobics Weights Sports _____

How many times a week? Less than 3 3 – 5 More than 5

For how long? <20 minutes 20-45 minutes >45 minutes

Lifestyle:

Do you tend to eat more when you are under a stressful situation? Yes No

Are you currently going through a stressful situation? Yes No

Do you smoke? Yes No How many cigarettes per day? _____

Do you work outside the home? Yes No How many hours per week? _____

Do you work nights? Yes No

Have you been dealing with depression and/or anxiety? Yes No

Have you ever been treated for depression and/or anxiety? Yes No

Commitment:

Weight loss requires a long-term commitment to a new lifestyle. Dieting without fitness can be very short-lived and frustrating. If you are interested in this program you need to be committed to both. Are you ready?

Please Circle your answer: Yes No If no, why? _____

Patient Signature: _____