

Medical Weight Loss Program Intake Form

Patient Name: (Last) (First) (MI)

_____

Patient Address:_____ City: _____State: _____Zip:_____

Phone Number: _____Email: _____

Birthdate: _____Age: _____ Sex: M F

Occupation: _____

In Case of Emergency:

Name:_____ Relationship: _____

Phone: _____

How did you hear about us?_____

Are you under the care of a qualified healthcare professional? Please list whom. *

_____

As detailed in the Consent portion, it is highly recommended that you are under the care of a qualified healthcare professional, who has verified that it is safe for you to exercise and be on a weight loss program and is monitoring medications and any health concerns that you list here (besides your weight issues- that's what we're covering). If you are on medications (particularly for high blood pressure, heart issues, or diabetes), you will need these to be monitored during and after the program as your need for them may change. *

I acknowledge the above statement above.

Sign:_____



Medical History

Please list any medical conditions a medical provider has diagnosed you with in the past (such as high blood pressure, diabetes, arthritis, etc…): *

_____
_____
_____
_____

What medications, supplements and over the counter items do you take regularly or are currently prescribed: *

_____
_____
_____
_____

Any past surgeries and hospitalizations? *

_____
_____
_____

Please describe your family history in terms of heart disease, diabetes, obesity, high cholesterol, high blood pressure, and cancer:

_____
_____
_____
_____



Diet and lifestyle

Do you regularly drink alcoholic beverages?

If yes, how many per week?

Do you smoke tobacco?

Do you use recreational drugs?

When did you first become overweight?

How did your weight gain start? Describe any circumstances:

What do you think is the cause of your weight problem?

What was your highest weight? (excluding pregnancy)

What was your lowest weight?

Have you ever stayed the same weight for 10 years or more?

Is there anything else you would like to tell us?