

My Current State & My Future Goals

1. My concerns are:

- Losing weight
- Finding a good weight management program
- Keeping in shape
- Health concerns- heart disease, diabetes, etc.
- All of the above
- No problems just want to maintain my good health



2. My dieting history:

- Began dieting at a young age with little success
- Have been on many diets but always put the weight back on
- Have trouble losing weight even when you eat very little
- On one or more occasions have gained 5lbs or more in a single week
- Have never been on a diet but concerned about maintaining

3. Eating activity patterns: (check which statement describes normal patterns for you)

- Always or usually skip breakfast
- Compelled to eat when I'm under stress, angry, bored or excited
- Often overeat when I'm alone
- Certain foods seem to give me comfort when I eat them
- Have had bulimic episodes, or binging
- Do not have a structured exercise program
- Exercise more than one-hour daily
- Eat good nutritious meals 3 times/day
- Take supplements regularly
- Eat out frequently

Others _____

4. Metabolic checkup: (check symptoms you may have)

- Often cold, especially hands and feet
- Constipation and water retention
- Daily Fatigue: Check: ___often___afternoon_____wake up tired_____
- Loss of sexual interest and lack of energy
- Low pulse rate - under 60/minute
- No problems

5. Stress level: circle: (totally relaxed) 1 2 3 4 5 6 7 8 9 10 (Get me out of here!)

6. My Goals are:

Weight: lose at least 5 lbs lose 10-20lbs lose ___lbs more

Eating Patterns: eat more healthy take better care of my health

Exercise: (type) _____ #of times/wk. _____ #of hours _____

Approx. Age: ___20yrs___20-40yrs. ___41-60yrs. ___61 plus

Name (print): _____ Phone: _____

Address: _____ E-mail: _____