**A logo with a spiral in the center

AI-generated content may be incorrect.**

**Weight Loss Intake Form**

**Client Information**

Full Name:  
Phone:  
Email:

**Health & Medical History**

Height: Current Weight: Goal Weight:

Have you been diagnosed with any medical conditions? (e.g., diabetes, high blood pressure, thyroid issues)  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please specify:

Are you currently taking any medications or supplements?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please list:

Have you ever been diagnosed with an eating disorder?  
Yes \_\_\_\_ No \_\_\_\_

Do you have any food allergies or sensitivities?  
Yes \_\_\_\_ No \_\_\_\_  
If yes, please list:

Have you ever used weight loss medications or undergone medical weight loss treatments?  
Yes \_\_\_\_ No \_\_\_\_

**Lifestyle & Eating Habits**

On a scale of 1-10, how committed are you to losing weight? (1 = not at all, 10 = fully committed)

What are your biggest challenges with weight loss? (Check all that apply)

\_\_\_\_ Late-night snacking  
\_\_\_\_ High-carb or high-sugar cravings  
\_\_\_\_ Emotional or stress eating  
\_\_\_\_ Lack of motivation  
\_\_\_\_ Busy lifestyle / No time for meal prep  
\_\_\_\_ Slow metabolism  
\_\_\_\_ Lack of exercise or movement  
\_\_\_\_ Difficulty building muscle while losing fat  
\_\_\_\_ Other:

What type of diet do you currently follow? (e.g., standard American, high-protein, low-carb, intermittent fasting)

How often do you eat fast food or processed foods?  
Daily \_\_\_\_ A few times a week \_\_\_\_ Occasionally \_\_\_\_ Never \_\_\_\_

How often do you consume alcohol?  
Daily \_\_\_\_ A few times a week \_\_\_\_ Occasionally \_\_\_\_ Never \_\_\_\_

Do you smoke?  
Yes \_\_\_\_ No \_\_\_\_

How many glasses of water do you drink daily?

**Exercise & Activity Level**

Do you currently engage in regular physical activity?  
Yes \_\_\_\_ No \_\_\_\_

If yes, what type and how often?

Are you more focused on:   
\_\_\_\_ Weight loss only  
\_\_\_\_ Fat loss while maintaining/building muscle  
\_\_\_\_ General health and fitness

What types of movement do you enjoy? (e.g., weightlifting, running, sports, yoga, hiking)

**Mindset & Emotional Factors**

Have you tried to lose weight in the past?  
Yes \_\_\_\_ No \_\_\_\_

If yes, what methods have you tried, and what were the results?

What is your biggest motivation for losing weight?

\_\_\_\_ Improve health & longevity  
\_\_\_\_ Increase confidence & self-image  
\_\_\_\_ Improve energy & stamina  
\_\_\_\_ Enhance physical performance (sports, gym, daily activities)  
\_\_\_\_ Other:

Do you experience stress, anxiety, or emotional struggles related to food or body image?  
Yes \_\_\_\_ No \_\_\_\_

Have you used hypnotherapy or other mindset techniques before?  
Yes \_\_\_\_ No \_\_\_\_

What are your current stress levels on a scale of 1-10? (1 = no stress, 10 = extreme stress)

What beliefs do you hold about weight loss that may be holding you back?

**Hypnotherapy Goals & Expectations**

What specific outcomes do you hope to achieve through hypnotherapy?

How do you want to feel in your body once you reach your goal weight?

Are there any fears or concerns you have about the hypnosis process?

Do you have any personal mantras, affirmations, or words that motivate you?

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