Envision Primary Healthcare

Medical Weight Loss Program Intake Form

Patient Name: _____

Patient Address: _____ City: _____State: _____Zip: _____

Phone Number: _____Email: _____

Birthdate: _____Age: _____ Sex: M F

Occupation: _____

In Case of Emergency:

Name: _____ Relationship: _____

Phone: _____

Are you under the care of a qualified healthcare professional?

Please list whom: _____

I 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. If you are on medications, you will need these to be monitored during and after the program as your need for them may change.

I acknowledge the statement above.

Signature: _____ Date: _____

Medical History

Medication Allergies: _____

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?

_____

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_____

Please describe your family medical history (also specifically medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2) *list family relation: _____

_____

_____

How MOTIVATED are you to lose weight?

_____

_____

Is there anything else you would like to tell us?

_____

_____

Please answer the following to the best of your knowledge:

	No never	Yes, currently	Not currently, but within the past year	Not currently and longer than 1 year ago
Fatigue				
Unexplained weight loss or gain				
Change in appetite				
Binge Eating				
Anorexia				
Depressive symptoms				
Anxiety				
Addictive dependency				
Disordered Eating Patterns/Tendency				
Thyroid problems				
Diabetes				
Headaches/Migraines				
High Blood Pressure				
Heart murmur/palpitations				
Asthma				
Constipation				
Diarrhea				
Abdominal bloating				
Heartburn/acid reflux				