Tri-State Progressive Health

Patient weight assessment

Name

DOB

Phone Number

Preferred Pharmacy

Height

Weight

Sex

Race

Medical History

Date of last exam:

Allergies:

Medications:

Surgeries

Cancer   Y   N

Diabetes   Y   N If yes, Last A1C

Stroke   Y   N

Heart Disease   Y   N

Heart Attack   Y   N

Depression Y   N

Bipolar Disorder   Y   N

Headaches Y   N

Constipation   Y   N

Sleep Disorder   Y   N

Obesity   Y   N

Overall Health

Rate overall health

How often do you exercise?   1   2   3   4   5

How often do you smoke?   1   2   3   4   4

How Many cigarettes do you have per day?

How often do you drink alcohol?   How many drinks per week?

How often do you eat fast food?

How restful is your sleep?   1   2   3   4   5

How many of hours of sleep do you get a night?

Nutrition

How many servings of vegetables do you eat a day? None 1-2   3-4 5-6 More

How many servings of fruit do you eat a day? None 1-2   3-4 5-6 More

How many servings of grains do you eat a day? None 1-2   3-4 5-6 More

How many servings of meat do you eat a day? None 1-2   3-4 5-6 More

How many servings of sugar/carbs do you eat a day?

How often do you snack?

How often do you drink coffee/tea?

How often do you eat out?

How many meals per day do you eat?

Do you eat at roughly the same time each day?

Do you skip meals?

How many calories do you eat per meal?

How many calories do you eat per day?

Do you shop with a grocery list?

Do you plan meals in advance?

Do you use sugar or butter substitutes?

Do you drink Soda?

When do you feel hungriest?

Do you wake up at night hungry?

Do you snack at night?

Do you eat when you are stressed or sad?

What foods do you crave?

What foods do you dislike?

Exercise

How many days per week do you work on cardio?

Length of time spent on cardio each session.

How many days a week do you work on strength?

Length of time spent on each session

Injuries that interfere with exercise.

Other

Weight 5 years ago?

Weight 6 months ago?

Heaviest weight?   Age

Lightest weight?   Age

Target weight?

Eating disorders?

When did the weight gain/loss begin?

Do you live with anyone overweight?