Patient Intake Form

Name____ Phone________________________
Email____Date of Birth__________________
Address____
City____ State____________ Zip______________________
☐Male ☐Female

How did you hear about North End Weight Loss? ☐Referral ☐Social Media ☐Friend ☐Other

Other please describe or add friend's name

Which of the following services are you interested in?
☐Weight Loss Program ☐B12 Injections ☐Nutrition Evaluation ☐Hormone Therapy

It is highly recommended that you are under the care of a qualified healthcare professional that has verified that it is safe for you to exercise and be on a weight loss program and is able to monitor and update medications and any health concerns that you list in your health history (besides your weight issues). If you are on medication for high blood pressure, heart issues, or diabetes, you will need these to be monitored and in some cases these medications may need to be adjusted.
Primary Care Physician Name____Phone___________________
City____

On a scale of 1-10 (10 being the best) how would you rate your sleep? ______
Do you currently drink alcohol? How often? ☐Rarely ☐Socially ☐1-2 times per week ☐5 days a week
Do you smoke, chew or vape? ☐Yes ☐No Do you use recreational drugs? ☐Yes ☐No
Do you struggle with appetite? ☐Yes ☐No How often do you snack ☐1-2 x per day ☐3 or more x
Do you feel you are an emotional eater? ☐Yes ☐No
What would you say is your worst food habit? ____
____

How much weight do you want to lose? ______pounds
Do you have healthcare insurance coverage? ☐Yes ☐No
When was the last time you had your labs drawn? ☐1-3 months ☐4-6 months
Are you pre-diabetic? ☐Yes ☐No Do you have diabetes? ☐Yes ☐No
Are you currently being treated for diabetes by a primary care provider? ☐Yes ☐No

Explain____

____

What do you feel are your biggest challenges with weight loss?
Explain____

____

OFFICE USE ONLY

Name____ Age______

Current Weight_________ Current BMI________

Chest_____ Upper Right Arm _____ Upper Left Arm _____ Waist_____

Upper Right Thigh _____ Upper Left Thigh _____

Goal Weight_________

Notes