Lifelong
WELLNESS & GYNECOLOGY, PLLC

Weight Management

Why do you want to lose weight and what is most important to you in this journey?

Goals:

Starting Weight:
Desired Weight:
Total Weight Lost:

Family History of Obesity:

Mother
Father
Aunts/Uncles
Grandparents

Medical History:

Medications:

Surgical History:

Previous Attempts at Weight Loss:

What worked well in the past and why?

What did not work well in the past for you and why?

Sleeping Habits:

How many hours a night do you sleep?
Are they uninterrupted?
Do you snore?

Eating Habits: (food and liquid intake)
Do you drink alcohol? How many drinks a week?

Monday
- Breakfast
- Lunch
- Dinner

Tuesday
- Breakfast
- Lunch
- Dinner

Wednesday
- Breakfast
- Lunch
- Dinner

Thursday
- Breakfast
- Lunch
- Dinner

Friday
- Breakfast
- Lunch
- Dinner

Saturday
- Breakfast
- Lunch
- Dinner

Sunday
- Breakfast
- Lunch
- Dinner

What type of foods do you enjoy?

Physical Activity:

How many minutes a day do you participate in physical activity?

What types of physical activity do you do? Ex. Walking, stairs vs elevator, sports, lifting weights

What type of physical activities do you enjoy?

What is your movement goal?