

Date: \_\_\_\_\_

**PERSONAL INFORMATION**



\_\_\_\_ Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ Miss

Name:		Telephone: (Home)	
Address:		Telephone: (Mobile)	
City:		State:	Zip:
Email:			
Date of Birth:		Age:	Height:
Occupation:			
Employed By:			
Where did you hear about us?			
Radio: Station?		Social Media:	Family/Friend:

**MEDICAL HISTORY**

Have you had ANY surgery in the past? Please Explain:

Are you taking any medications? If yes, please list:

Do you have a **Pace maker** or any **Implanted Medical Device** ? Please Explain:

Do you or any family member have/had any of the following? Label **S** for self and **F** for family

<input type="checkbox"/>	Depression	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	High Blood Pressures	<input type="checkbox"/>	Poor Sleep
<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Gout	<input type="checkbox"/>	Intestine Problems	<input type="checkbox"/>	Dizziness
<input type="checkbox"/>	Diabetes Type:	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Thyroid Disesase	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Mid Back Pain
<input type="checkbox"/>	Gallbladder Disease	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Low Back Pain
<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Neck Pain	<input type="checkbox"/>	Carpal Tunnel

**PRIMARY CARE PHYSICIAN**

Name:
Address:

**ALLERGIES**

Please list all allergies:

**HISTORY**

How long have you been overweight?	What have you done to lose weight in the past?
What are your top two reasons for losing weight?	
Has your Doctor recommended you to lose weight?	Can you attribute your weight gain to anything specific?

**GOALS**

What is your Goal Weight?
On a scale of 1-10 with 10 meaning- I am FULLY committed, I want to start right now, and 1 meaning , not interested.
What is your current level of commitment? 10    9    8    7    6    5    4    3    2    1