Today's Date_____ How did you hear of us:_____

For Office Use Only:
W:_____ BF%:_____
Weight Goals:_____ HL:_____

Please indicate your current level of commitment to your weight loss goals: (not committed) 1 2 3 4 5 6 7 8 9 10 (highly committed)

Weight loss can be complex. If you have failed in the past, it could be because you have some of the following:

Check all that apply:

- ☐ Fatigue
- ☐ Difficulty getting to sleep
- ☐ Difficulty staying asleep
- ☐ High amounts of stress
- ☐ Over heating
- ☐ Cold hands and feet
- ☐ Low sex drive
- ☐ Abdominal Pain
- ☐ Diarrhea
- ☐ Sugar Cravings
- ☐ Irritable if meals are missed
- ☐ Fatigue after meals
- ☐ Fibromyalgia
- ☐ Depression
- ☐ Mental fatigue
- ☐ Menopause
- ☐ Knee pain
- ☐ Hip pain
- ☐ Take pain medication
- ☐ Constipation
- ☐ Gas after a meal
- ☐ Back pain
- ☐ Joint pain
- ☐ Muscle pain
- ☐ Frequent Urination

Current Medications:

_____

_____

Past Surgeries:

_____

_____

_____

Name_____Occupation_____

Address_____ City_____ Zip_____

Phone where you can be reached_____

Age: _____ Height: _____ feet, _____ inches Weight _____

Email_____

Are You on Facebook?_____