

Today's Date _____

How did you hear of us? _____

<u>For Office Use Only:</u>	
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:

Circle all that apply:

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

Current Medications:

Past Surgeries:

Other Health Concerns: _____

Name: _____ Occupation: _____

Address: _____ City: _____ Zip: _____

Phone: _____ D.O.B: _____

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

Email: _____