



Patient Name: _____ Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____ Ok to send email: Yes No OCCUPATION: _____

Phone: _____ Date Of Birth: _____ Height: _____

How did you find out about our weight loss program? _____

Are you currently pregnant, breast feeding, have active cancer, or cholecystitis? **(If yes, you are not eligible to participate in this program)**

Do you experience any of the following conditions even if they are minor and go away on their own?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Stress/Irritability | <input type="checkbox"/> Chronic Fatigue |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Numbness | <input type="checkbox"/> Chronic Inflammation | <input type="checkbox"/> Sinus/Allergy |
| <input type="checkbox"/> Hip/Knee Pain | <input type="checkbox"/> Upper Back Pain | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> GERD |
| | | | <input type="checkbox"/> Gastritis |

1. Are you currently on any medications and for what health condition?(Include Antibiotics or Z-pack)
2. Why do you currently want to lose weight?
3. How long have you struggled with your weight?
4. Have you tried other weight loss plans and if so, what have you tried?
5. What were your results & how long did you keep it off?
6. If FEMALE: When are you expecting your period cycle to begin?
7. Do you currently take nutritional supplementation? **(if "yes" is the patient taking EFA's? They will need to discontinue EFA's while on this program)**
8. Do you have any other health challenges that you feel is important for us to know about?