

## WEIGHT LOSS HISTORY

PATIENT NAME \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ CURRENT WEIGHT \_\_\_\_\_ CURRENT HEIGHT \_\_\_\_\_

SHOE SIZE \_\_\_\_\_ CURRENT CLOTHING SIZE \_\_\_\_\_

HOW OLD WERE YOU WHEN YOU FIRST CONSIDERED YOURSELF OVERWEIGHT?

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

WHAT IS THE MOST OVERWEIGHT YOU HAVE EVER BEEN?

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAS THERE BEEN A TIME WHEN YOU FELT YOU WERE AT YOUR IDEAL WEIGHT?

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

PLEASE MARK ALL THE DIETS AND PROGRAMS THAT YOU HAVE TRIED:

- |  |   |
|--|---|
| <input type="checkbox"/> ACORIA                                | <input type="checkbox"/> METABOLIFE                 |
| <input type="checkbox"/> ADIPEX, FASTIN, JONAMIN,<br>OBYTRIM   | <input type="checkbox"/> NUTRI SYSTEM               |
| <input type="checkbox"/> ATKINS                                | <input type="checkbox"/> OPTIFAST / MEDIFAST        |
| <input type="checkbox"/> BEVERLY HILLS                         | <input type="checkbox"/> OVEREATERS ANONYMOUS       |
| <input type="checkbox"/> BARIATRIC SURGERY                     | <input type="checkbox"/> PERSONAL TRAINER           |
| <input type="checkbox"/> CABBAGE SOUP                          | <input type="checkbox"/> PONDIMIN                   |
| <input type="checkbox"/> DEXATRIM, ACUTRIM                     | <input type="checkbox"/> PRIMARY CARE PHYSICIAN     |
| <input type="checkbox"/> DIDREX                                | <input type="checkbox"/> PSYCHOTHERAPY              |
| <input type="checkbox"/> DIET WORKSHOP                         | <input type="checkbox"/> REDUX / PHEN-PHEN          |
| <input type="checkbox"/> EPHEDRINE                             | <input type="checkbox"/> RICHARD SIMMONS            |
| <input type="checkbox"/> FIT FOR LIFE                          | <input type="checkbox"/> RIVERFRONT DIET CLINIC     |
| <input type="checkbox"/> GRAPEFRUIT                            | <input type="checkbox"/> SANREX                     |
| <input type="checkbox"/> HERBALIFE                             | <input type="checkbox"/> SCARSDALE                  |
| <input type="checkbox"/> HYPON THERAPY                         | <input type="checkbox"/> SLIM FAST                  |
| <input type="checkbox"/> JENNY CRAIG                           | <input type="checkbox"/> SUGARBUSTERS               |
| <input type="checkbox"/> JEWISH HOSPITAL WEIGHT LOSS<br>CENTER | <input type="checkbox"/> SUTCAMP WEIGHT LOSS CLINIC |
| <input type="checkbox"/> KELLOGG'S SPECIAL K®                  | <input type="checkbox"/> TENUATE                    |
| <input type="checkbox"/> L.A. WEIGHT LOSS                      | <input type="checkbox"/> TOPPS                      |
| <input type="checkbox"/> LIPOSUCTION                           | <input type="checkbox"/> WEIGHT WATCHERS            |
| <input type="checkbox"/> MAYO CLINIC                           | <input type="checkbox"/> XENICAL                    |
| <input type="checkbox"/> MERIDIA                               | <input type="checkbox"/> ZONE                       |
|  | <input type="checkbox"/> Others _____               |