

CONSULTATION FORM

Date: _____

PERSONAL INFORMATION

Name: _____ Marital Status: _____ DOB: ____/____/____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____ Email: _____

Occupation: _____ How many children do you have? _____

How did you hear about our office? Patient Doctor Internet Ad Other _____

Please specify _____

HEALTH

Do you consider your health to be: Excellent ____ Good ____ Poor ____

Please list any medications that you take _____

Please list any chronic medical conditions _____

ALLERGIES

If so, please specify: _____

LIFESTYLE AND HABITS

Do you like to exercise? **Y** **N** Do you exercise regularly? **Y** **N**

If yes, how often and for how long? _____

Do you drink alcohol? **Y** **N** If yes, how much? _____

Do you smoke cigarettes? **Y** **N** If yes, how much? _____

WEIGHT LOSS QUESTIONNAIRE

What is your approximate weight? _____ Height? _____

What is your desired goal weight? _____

How long has it been since you were at your desired weight? _____

List previous weight loss experience and results:

WHERE?	WHEN?	HOW MUCH DID YOU LOSE?	HOW LONG DID YOU MAINTAIN YOUR WEIGHT?
Nutrisystem			
Weight Watchers			
Jenny Craig			
Jump Start			
Medifast			
Other:			

FOOD

How many people in your household? _____ Who cooks? _____

Who shops? _____

How often do you eat in a restaurant each week? _____

HOW MUCH FLUIDS DO YOU DRINK IN A 24-HOUR PERIOD:	DURING DAYTIME	EVENING
Water - 8 ounce glasses		
Protein Shakes		
Coffee		
Tea		
Milk		
Soda		
Juice		
Alcohol		

Name _____ DOB _____

Do you have any food allergies, sensitivities, or dietary restrictions? **Y** **N** If yes, explain:

GOALS

List 3 ways that your life would be better if you weighed less:

How much weight would you like to lose through this program? _____

What brought you to Marin Weight Loss and Wellness versus all the other weight loss programs you could have chosen?

What made you decide that now was the time to seek help with weight loss?

Name _____ DOB _____