



General Info

Name: _____ Date: _____

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

Date of Birth: _____ Age: _____ Male Female

Home #: _____ Work #: _____ Cell #: _____

Contact # Preference Home Work Cell

Email address: _____ Occupation: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____

Primary Physician: _____ Phone #: _____

Weight Loss Questions

1. What kind of food issues and weight problems do you have? _____

2. How much weight do you want to lose? _____

3. Please describe what types of diet/weight programs you have done in the past:

What did you like about what you have done before? _____

What did you dislike about it and what did not work? _____

4. If you could design your own program, what would be the most important elements in it? _____

5. What habits do you want to change? _____

6. What unhealthy or addictive food choices are you currently making? _____

7. Do you ever find yourself eating when not hungry? Yes No
8. Do you feel out of control with food sometimes? Yes No
9. Do you have binges? If yes, how often? Yes No
10. What do you do afterward (e.g. fast, diet, exercise, vomit?) _____

11. Do you crave or binge on certain types of foods at, certain times of the day? Yes No
If yes, please describe: _____
12. Why do you want to resolve these issues? _____

13. If these issues were resolved, how would you feel? _____

14. How do you feel about your body? _____

15. When do you feel satisfied with yourself (Are you ever satisfied with yourself?) _____

16. Do you find that you know what to do (eat) but cannot seem to do it? Yes No
17. Have you engaged in an exercise program recently? Yes No
If yes, please describe: _____
18. What type of physical activities do you enjoy doing? Yes No
Please describe: _____
19. Why don't you do the physical activities you enjoy doing (e.g. time, energy, other people's needs come first)

20. If you were the weight you want to be and enjoyed a healthy body, how would you act differently?

21. How would your life feel to you? How would you feel to yourself? _____
