

Weight Loss Questionnaire

Have you been to any weight loss programs in the past?

If Yes, please explain. Were you successful/Did you meet your goal?

Have you ever taken diet pills, whether prescribed or OTC? How did your body react?

What is your biggest obstacle when it comes to nutrition?

What is your biggest obstacle when it comes to exercise?

Please list a daily time routine for you: (wake up, breakfast, am snack, lunch, pm snack, dinner, and exercise)

How do you plan on changing your lifestyle to lose weight? (i.e. eat right, join a gym, lift weights, cardio workouts, etc)

Do you have any medical or physical conditions limiting you to exercise? If YES, please explain.

Do you have any history of eating disorders, addictions, or depression? Please explain.

Do you or anyone in your family have a history of thyroid or heart problems?

Patient name:_____ Date of Birth_____ Date:_____