

Weight Loss History & Evaluation Form

PERSONAL INFORMATION

- ❖ Present Weight _____ Height _____ Ideal/Desired Weight _____
- ❖ What is the main reason for your desire to lose weight? _____
- ❖ In what time frame would you like to be at your desired weight? _____
- ❖ How long have you been struggling with your weight? _____
- ❖ Recent weight gain _____ Lifetime struggle _____
- ❖ What diets and/or programs have you tried?
- ❖ Diets Atkins South Beach Other _____
- ❖ Diet Programs Jenny Craig Weight Watchers Other _____
- ❖ Medications Meridia Xenical Alli Phentermine Other _____
- ❖ Where any of them successful? Yes No
- ❖ Is your spouse or partner overweight? Yes No

EATING HABITS

- ❖ How often do you eat out? _____
- ❖ What restaurants do you frequent? _____
- ❖ How often do you eat "fast foods"? _____
- ❖ Who plans meals? _____ Cooks? _____ Shops? _____
- ❖ Do you use a shopping list? Yes No
- ❖ What foods do you crave? _____ Do you crave these foods at a specific time of the day or month? If so, when? _____
- ❖ What foods do you dislike? _____
- ❖ Describe what you eat on a typical day

Breakfast	Lunch	Dinner	Snacks

- ❖ Do you drink:
 - Coffee or tea Yes No How much daily? _____
 - Carbonated drinks Yes No How much daily? _____
 - Alcohol Yes No How much daily? _____
- ❖ Do you get up at night to eat? Yes No
- ❖ What are your worst food habits? _____

FITNESS

- ❖ Do you work out or are you engaged in any type of physical activity? Yes No
- ❖ What do you do?
 - Walk Run Swim Aerobics Weights Sports _____
- ❖ How many times a week?
 - Less than 3 3-5 More than 5
- ❖ For how long?
 - Less than 20 minutes 20-45 minutes More than 45 minutes

LIFESTYLE / PSYCHO-SOCIAL

- ❖ Do you tend to eat more when you are under a stressful situation? Yes No
- ❖ Are you currently going through a stressful situation? Yes No
- ❖ Do you smoke? Yes No How many cigarettes per day? _____
- ❖ Do you work outside the home? Yes No How many hours per week? _____
- ❖ Do you work nights? Yes No
- ❖ Is your job stressful? Yes No
- ❖ Have you been dealing with depression and/or anxiety? Yes No
- ❖ Have you even been treated for depression and/or anxiety? Yes No

COMMITMENT

Weight loss requires a long-term commitment to a new lifestyle. Dieting without fitness can be very short-lived and frustrating. If you are interested in this program you need to be committed to both.

Are you ready? Yes No **Are you really ready?** Yes No

If you answered yes, Congratulations!!! Soon you will begin to experience personal, mental & physical satisfaction. E.S Romanelli, M.D.