



CLIENT INTAKE DETAILS

Name

Date

Date of Birth

Age

Gender

Occupation

Street Address

City

Zip Code

Cell Phone / Can we leave a message at this number?

Email Address

Contact Preference (Phone or Email)

Primary Care Physician and Phone Number

Emergency Contact and Phone Number

Height

Current Weight

Desired Weight



A Little About You:

How long have you been trying to lose weight? _____

What has been your heaviest weight and when? _____

When did you first become overweight? _____

What do you think is the cause of your weight problem? _____

Have you ever been on a diet or weight loss program? _____

What are your eating habits? _____

When do you eat breakfast? _____

How is your overall health? _____

What is your primary health concern? _____

Has your doctor recommended you lose weight? _____

Tell us a little about your lifestyle. Do you exercise? Do you sit a lot? What is your stress level?

If you could change one thing today about your weight or wellness, what would it be? _____

Daily Support and Invitations:

Our text system, HELEN, is a big part of our support system as well as invites to educational presentations. Do we have your permission to add you to our phone and email database? _____

Signature

Print

Date



Medical History

List any supplements or over-the-counter medications you currently take. For example, vitamins, fish oil, etc. How much and how often do you take them?

Past Hospitalizations/Surgeries

Year Illness / Operation

_____	_____
_____	_____

Current Medications

Medication Dosage How Often Reason

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies to Medications or Food



Do you or any family member have/had any of the following? Please put an "X" for you, and an "F" for family member.

<u>Allergies</u>	<u>Gall Bladder</u>	<u>Joint Pain/Arthritis</u>
<u>Anemia</u>	<u>Gallstones</u>	<u>Kidney Disease</u>
<u>Arthritis</u>	<u>GERD</u>	<u>Liver Disease</u>
<u>Asthma</u>	<u>Glaucoma</u>	<u>Loss of Appetite</u>
<u>Anxiety</u>	<u>Gout</u>	<u>Nervousness</u>
<u>Anorexia</u>	<u>Headaches</u>	<u>Obesity</u>
<u>Bulimia</u>	<u>Heart Disease</u>	<u>Palpitations</u>
<u>Eating Disorders</u>	<u>Heart Murmur</u>	<u>Rashes</u>
<u>Cancer</u>	<u>Heart Attack</u>	<u>Shortness of Breath</u>
<u>Chest Pain</u>	<u>Hypertension</u>	<u>Stomach Ulcers</u>
<u>Constipation</u>	<u>High Blood Pressure</u>	<u>Stroke</u>
<u>Diarrhea</u>	<u>High Cholesterol</u>	<u>Swollen Ankles</u>
<u>Depression</u>	<u>Hypoglycemia</u>	<u>Thyroid Disease</u>
<u>Diabetes</u>	<u>Indigestion</u>	<u>Are you pregnant?</u>
<u>Dizzy/Fainting Spells</u>	<u>Insomnia</u>	<u>Could you be pregnant?</u>
<u>Drug Abuse</u>	<u>Intestinal Problems</u>	<u>Are you breastfeeding?</u>
<u>Epilepsy</u>	<u>Irregular Pulse</u>	<u>Other:</u>



How did you learn about the program?

WEAR TV

A&E

Food Network

Lifetime

98.7 Cat Country

Facebook

Signage

Google Search

Internet/Website

Walk by the office

Referred by a friend:
