

Women's & Family Care
21624 Midland Drive
Shawnee, KS 66218
(913) 643-0075 (913) 643-0077 FAX

Name _____ Date of Birth _____

Present: Weight _____ Height _____ BMI _____ AC _____

Birth Weight _____ Weight at 20 years of age _____

In what time frame would you like to be at your desired weight? _____

What is the main reason for your deciding to participate in this program? _____

What has been your maximum lifetime weight (non-pregnant) and when? _____

Previous diets/attempts at weight loss:

Date	Diet	Results
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Is your spouse/fiancée/partner overweight? Y N If so, by how much? _____

How often do you eat out? _____

Where? _____

How often do you eat fast food? _____

Who plans meals? _____ Cooks? _____ Shops? _____

Do you use a shopping list? Y N What time of day do you shop for groceries? _____

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Food Allergies: _____

Food Dislikes: _____

Foods you Crave: _____

Any specific time of the day or month that you crave food? _____

Do you use a sugar substitute? Y N What? _____

Do you awaken hungry during the night? Y N If so, what do you do? _____

What are your worst food habits? _____

Snack Habits:

What: _____

How Much: _____

When: _____

When you are under a stressful situation with your family or at work, how do your eating habits change? _____

Have you ever used laxatives or vomiting as a weight control method? Y N Explain: _____

Do you have any history of treatment for mental health related issues (stress, depression, bipolar disorder, anxiety, etc)? Explain: _____

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Do you have any family history of mental health issues? Explain: _____

Do you have any history of anorexia, bulimia or other eating disorders? Explain: _____

Have you ever been sexually abused? Y N If so, have you received therapy? _____

List EVERYTHING you have had to eat or drink in the past 24 hours:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Other: _____

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How would you describe your usual energy level:

- Very Light Activity (very sedentary lifestyle)
- Light Activity (slow walking 3 times weekly or less, light housecleaning, child care)
- Moderate Activity (brisk walking, gardening, etc. regularly 4-5 times/week)
- High Activity (jogging, vigorous exercise, heavy manual labor \geq 5 times per week)

How would you describe your behavior style:

- I am always calm and easy going.
- I am usually calm and easy going.
- I am sometimes calm with frequent impatience.
- I am seldom calm and persistently driving for advancement.
- I am never calm and have overwhelming ambition.
- I am hard driving and never relax.

Please describe your general health goals and improvements you would like to make in your

overall health: _____

Is there anything else about your health goals or medical history you think is important for us to

know? _____
