

PATIENT NAME: _____ Date _____

Metabolic

Primary Complaint: Desired Weight Loss Or Treat Obesity

PROGRESSION OF WEIGHT GAIN PATTERN (AGE 18 TO CURRENT):

No pattern

Steady, gradual increase of weight over the years

Sudden increases of weight with pregnancies

Variable weight gain/loss due to intermittent diet and exercise (regained weight when stopped program)

EXERCISE HISTORY: What is your exercise program?

☐ I am unable to exercise due to - severe joint pain shortness of breath wheelchair/bed

☐ I am able to exercise but I do not have a regular routine

☐ I walk / run ____ times per week for ____ minutes

☐ I swim ____ times per week for ____ minutes

☐ I lift weights ____ times per week for ____ minutes

Other – (please explain) _____

DIETARY HISTORY: What do you consider to be your daily eating pattern? (**v all that apply**)

☐ Less than normal ☐ Normal ☐ Overeat ☐ Binge ☐ Serious eating disorder ☐ Excessive snacking

Do you eat/snack just before bedtime? ☐ No ☐ Yes

Which meals do you eat each day? ☐ Breakfast ☐ Lunch ☐ Supper ☐ Snacks

What and how much do you usually eat for breakfast? _____

What and how much do you usually eat for lunch? _____

What and how much do you usually eat for supper? _____

What are your favorite snacks? _____

How much of them do you eat per sitting? _____

Do you drink pop? ☐ No ☐ Yes – How many 12oz servings per day? DIET ____ REGULAR ____

Do you drink Juice? ☐ No ☐ Yes - What kind? _____ How much per day? _____

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List supervised diet attempts over the past 5 years (most recent first)

Please use the following acronyms for the following:

WW - Weight Watchers JC - Jenny Craig NS - Nutri-System Oth - Other

Name/type of diet attempt _____

Dates on diet (**month/year**) ____/____ to ____/____ (# of months _____)

Beginning weight _____ pounds lost _____ pounds gained _____

Supervised: Medically____, Licensed/Registered Dietitian____, Commercial program____, Self ____

Name/type of diet attempt _____

Dates on diet (**month/year**) ____/____ to ____/____ (# of months _____)

Beginning weight _____ pounds lost _____ pounds gained _____

Supervised: Medically____, Licensed/Registered Dietitian____, Commercial program____, Self ____

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