CHART #11

Date _ _ _ _ _ _ _ _ _ _ _

INITIAL EVALUATION

1) How long have you had a weight problem?_____

_____

2) Have you tried other methods of weight control? (please list)_____

_____

_____

3) Are you on a diet program at this time? D Yes D No

4) Have you been on a weight loss program in the last 12 months? If so, list. D Yes D No _____

_____

5) Are you on any diet medication at this time? D Yes D No

6) If you have been on a weight program before what is the most weight loss and how long was the program?

O Yes O No How long? O 1 month O 3 months D 6 months

7) Have you made a good faith effort at weight reduction on a bonafide program before consulting this program?

OYes ONo

8) Have you ever been hospitalized for drug abuse or alcholism? D Yes D No

Patient's Signature: _____