



PARKER

MEDICAL WEIGHT LOSS

COMPREHENSIVE PATIENT HISTORY FORM

Please fill this form out to the best of your ability prior to your appointment. Please bring this form with you to your first appointment.

Weight History Questions

When were you at your lowest weight? (Provide triggers such as wedding, school reunion, etc.)
How long were you at that weight?

How much weight do you want to lose? What is your goal weight?

When were you at your highest weight? What was happening in your life at that point?

Have you ever tried a weight loss program before? What program(s)? What was the duration?
Did you lose weight?

Have you ever taken medications for weight loss? Over-the-counter medications?

Do you feel ready and committed to achieving a healthy weight? On a 1-20 scale how committed are you?

How do you sleep? How many hours a night do you typically sleep?

(Continued)

Physical Activity Questions

How many minutes a day are you physically active?

What types of physical activity do you do?

What are the barriers for you to be physically active?

How many hours of television do you watch each day? How many hours do you spend on computer and/or hand-held devices a day?

Do you feel your family supports an active lifestyle?

What types of physical activity do you want to do?

Eating and Nutrition Questions

What did you eat yesterday? Is this what you normally eat?

Do you eat breakfast?

When eating at home, do you routinely eat while watching the TV?

How often do you eat out each week?

(Continued)

What sort of snacks do you normally eat?

How many sodas or sweetened beverages do you drink each day?

Do you snack after supper? How big are they?

Mental and Social Health

Have you ever been diagnosed with a mental health disorder?

Have you ever induced vomiting or taken laxatives to lose weight?

Do you have issues with eating late at night or during the night when you are sleeping?

Have you ever been physically or sexually abused?

Do you have any concerns about your family and/or living situation?

(Continued)