Advanced Health Concepts

Wellness & Weight Loss

Welcome to our office. We look forward to helping you meet your goals!

Date:_____

PERSONAL INFORMATION

Name___ Dr.___ Mr.___ Mrs.___ Ms.___ Miss_____

Address_____

City, State, Zip _____

Telephone (Home)_____(Mobile)_____

Date of Birth_____Age_____Height_____Email _____

Occupation_____Spouse Occupation_____

Employed By _____

How were you referred to our office?

Radio: Which Station?_____ Newspaper Ad_____ Facebook_____

Friend of family:_____ Online_____ Other_____

Dinner Talk: _____ TV Commercial: _____

MEDICAL HISTORY

Do you or any family member have/had any of the following? Please put an "x" for you, and "f" if family member

_____ Depression	_____ Epilepsy	_____ Headache
_____ Heart Attack	_____ Hypoglycemia	_____ Neck Pain
_____ Diabetes	_____ Anemia	_____ Poor Sleep
_____ Thyroid Disease	_____ Cancer	_____ Dizziness
_____ Gallbladder Disease	_____ High Blood Pressure	_____ Arthritis
_____ Kidney Disease	_____ Intestine Problems	_____ Mid Back Pain
_____ Stroke	_____ Shortness of Breath	_____ Low Back Pain
_____ Gout	_____ High Cholesterol	_____ Carpal Tunnel

List any surgeries you have had_____

Are you taking any medications?_____If yes, please list _____

_____

Do you have a pacemaker? _____ Do you Smoke? _____Drink?_____

Are you pregnant?_____How many children? _____ Are you breastfeeding? _____

How much water do you typically drink in a day? _____

_____

Any Known Allergies?_____If yes, please list_____

Your Primary Care Physician and full address: _____

HISTORY:

How long have you been overweight? _____

Have you tried to lose the weight in the past? How?_____

What are your top 2 reasons why you want to lose weight? _____

_____

Has your doctor recommended you to lose weight? _____ Can you attribute the gain to anything? _____

What is your energy level on a scale of 1-10, with 1 being the lowest and 10 the highest?_____

On average, how many hours of sleep do you get each night? _____

GOALS:

What is your Goal Weight? _____ When was the last time you were at that weight?_____

How much weight have you lost and gained then lost and gained in the past? _____

On a scale of 1-10, with 10 meaning – I'm fully committed, I want to start right now, and 1 meaning, not interested – What is your current level of commitment? _____Are you ready to make lifestyle changes? _____