



WEIGHT LOSS 2.0 Program – Intake Questionnaire

Name: _____ Date: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Gender: M / F
DAY/ MONTH/ YEAR

Mother's Name (if patient under 16 years of age): _____

Father's Name (if patient under 16 years of age): _____

Home Address _____ Occupation _____

Home Phone No. _____

Work Phone No. _____

Mobile No. _____

Email Address _____

How did you hear about Weight Loss 2.0? _____

EMERGENCY CONTACT INFORMATION- In case of emergency, we should contact:

Name: _____ Relation: _____ Phone Number: _____

Check all that apply:

- Pregnant or lactating
- Underweight (BMI less than 18)
- Currently undergoing chemotherapy, radiation or other types of cancer treatment
- Impaired liver function
- Impaired kidney function
- Liver failure
- Kidney failure
- Recent injury (reduced physical activity as a result)
- Doctor put me on a specific diet for medical reasons
- Taking pharmaceutical medications with meals.*

If you have checked any of the above, the Weight Loss 2.0 program may not be suitable for you at this point in time.

*On the program, it is recommended that any oral medication be taken 1 hour before certain supplements or 2 to 3 hours after consumption.



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List any allergies (drugs, food, environmental) _____

List any serious conditions, surgeries, injuries and hospitalizations, along with dates.

List all current prescription medications (Include name, dose, for what condition).

List all current natural health supplements (Include name, dose, for what condition).

Circle if you have any of the following conditions (present or past):

- | | | |
|----------------------------|------------------------|----------------------|
| Anxiety disorder | Diabetes, type 2 | Hypothyroidism |
| Arthritis | Epilepsy | Kidney disease _____ |
| Asthma | Gallbladder | Liver disease _____ |
| Bipolar disorder | disease _____ | Osteoporosis |
| Cancer _____ | Heart attack | Parkinson's disease |
| Candida/ fungal infections | High blood pressure | Sleep apnea |
| Coronary heart disease | High cholesterol (LDL, | Stroke |
| Depression | triglycerides) | |
| Diabetes, type 1 | Hyperthyroidism | |

Your Weight _____

Your Height _____

Your BMI, if known _____

Have you ever tried the following?

- Over-the-counter pills or shakes
- Diet plan (like Jenny Craig)
- Group program (like Weight Watchers)
- Working with a nutritionist or physician
- Bariatric surgery (like gastric banding)
- Other _____

Did it work?

- Yes/ No
- Yes/ No
- Yes/ No
- Yes/ No
- Yes/ No
- Yes/ No



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Circle any statements or symptoms that describe you:

Tend to tire easily Grumpy, sad or moody Falling asleep after dinner Lack of energy Easily angered or irritable Feel hostile, aggressive	Low tolerance to ordinary problems Anxious or nervous High stress level Loss of confidence Insomnia, difficulty sleeping Compulsive eating or food cravings
Abnormal or irregular menstrual cycles Heavy or painful periods Loss of pubic or armpit hair Slow or no facial hair growth Increased waist size Growth of breast tissue (in males) Decreased sex drive or libido Difficulty losing weight	Softness and/or decrease of muscle size Decrease in muscle strength and endurance Pains or aches in joints or lower back Pains or aches in muscles Arthritic pain Stiffness or limitation in movement Fluid retention, edema Recent deterioration in your ability to play sports
Difficulty absorbing information Tend to forget things Recent deterioration in your work performance	Trouble thinking or concentrating Having more trouble solving problems or managing your time than usual
Chest congestion, catarrh Asthma or bronchitis Shortness of breath on exertion Difficulty breathing Chronic coughing	Nausea or vomiting Diarrhea or loose stool Constipation (fewer than 1 BM daily) Bloating feeling, heartburn, indigestion Anal fistula, diverticulitis, colitis

Your Health Goals:

After you lose the excess pounds, you plan to maintain your successful weight loss by:

- Continuing to be active
- Continuing to control my portion sizes
- Participating in a support group in person or online
- Weighing myself weekly and adjusting my diet accordingly
- I'll plan that later