

# VIP WeightLoss MD. Information Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Weight \_\_\_\_\_ Desired Weight: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Number: \_\_\_\_\_

1. How did you hear about us? \_\_\_\_\_
2. List any diets you have tried in the past \_\_\_\_\_  
\_\_\_\_\_
3. How long have you had your additional pounds? \_\_\_\_\_
4. At what weight do you remember feeling your best at? \_\_\_\_\_
5. How long have you been considering losing weight? \_\_\_\_\_
6. What is the least you have weighed in the past 5 years? \_\_\_\_\_
7. How often do you eat fast food? \_\_\_\_\_
8. How often do you eat snacks and what kind of snacks do you prefer? \_\_\_\_\_  
\_\_\_\_\_
9. Does your spouse know you are here today? \_\_\_\_\_
10. Is your spouse totally supportive to you losing weight? \_\_\_\_\_
11. How committed are you to losing weight? Very Committed \_\_\_\_\_  
I have to for medical reasons \_\_\_\_\_ I have been thinking about \_\_\_\_\_
12. List the three most important reasons you want to lose weight \_\_\_\_\_  
\_\_\_\_\_
13. What times do you usually eat? \_\_\_\_\_
14. When do you find yourself the hungriest? \_\_\_\_\_
15. What beverages do you drink and how many? Soft Drinks \_\_\_\_\_  
Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_ Water \_\_\_\_\_ Tea \_\_\_\_\_
16. Do you live in an overweight environment? Please check the following members  
Mother \_\_\_\_\_ Father \_\_\_\_\_ Sister/Brothers \_\_\_\_\_ Spouse \_\_\_\_\_  
Children \_\_\_\_\_ Friends \_\_\_\_\_