



Weight Loss History

Please describe your weight loss history below.

		Weight loss Technique					
Year	How Much Did You Lose?	"On My Own"	Commercial Diet	Diet supplements (e.g., Optifast)	High Protein/ Low Carb	Drugs	Surgery

Have you ever had a complication or bad experience from weight loss? YES NO

If yes, please describe: _____

Has any weight loss method worked well for you in the past? YES NO

If yes, please describe: _____

Please describe any other aspects of your family history that you feel is pertinent to your health.

I certify that this is my true medical history to the best of my knowledge.

Signed _____