LIFELONG
METABOLIC CENTER

Date_______________

Name____
Address____
City____________________________ State_____________________ Zip__________________
Telephone-Home (____) _________________ Mobile (____)____________Carrier__________________
Email____________________________________
DOB (MM/DD/YY) ___________________ Age___________ Height___ft___in
Occupation____________________________ Spouse Occupation______________________________
How were you referred to our office? ____
Are you taking any medication? NO YES Do you wear a pacemaker? NO YES
If Yes please list____
Are you pregnant? NO YES Are you breast feeding? NO YES

MEDICAL HISTORY

Do you or any family member have/had any of the following? Family use "F", personally use "√ "

_____Heart Attack	_____Gout	_____High Cholesterol
_____Diabetes*	_____Hypoglycemia	_____Headache
(If yes, is it under control? YES NO)	_____Anemia	_____Poor Sleep
_____Thyroid Disease	_____Cancer	_____Arthritis
_____Gallbladder Disease	_____High Blood Pressure*	_____Shortness of Breath
_____Kidney Disease	(If yes, does it require more than 2 medications? YES NO)	_____Intestinal Problems
_____Stroke	_____Low Blood Pressure*	_____Depression
_____Grave's Disease*	_____Weak/Compromised Immune system*	

Primary Care Physician name, address, and phone #____
____

HISTORY

How long have you been overweight? ____
Have you tried to lose weight in the past? NO YES
If yes please list programs____
What are your top 2 reasons **WHY** you want to lose weight? __________________________________
____
What would prevent you from starting our program today? ____________________________________
____
Has your Primary Care Physician recommended you to lose weight? NO YES
Can you attribute your weight gain to anything specific?_______________________________________

GOALS

What is your current weight? ______________ What is your goal weight? ________________________
When was the last time you were at that weight? ____
How much have you lost and gained and then lost and gained in the past? _________________________
On a scale of 1-10, with 10 meaning – I'm fully committed to losing weight and getting healthy, what is your commitment level? ____

CONGRATULATIONS on taking the 1st step in changing your life!