

Weight Loss Program Intake Form

Over the next twelve weeks, you will have an opportunity to focus on making dietary and exercise changes that can become new habits. In order for a weight loss program to have long term success, you must make changes you can live with and that work with your current lifestyle. No one can tell you what changes and specific food choices will be best for you because only you know the specific challenges you face in your daily life. The reality of your busy lifestyle may make it hard to make time for exercise or healthy food choices. When confronted with the idea that we have to overhaul everything in order to lose weight, we tend to get overwhelmed and give up. But often some relatively small adjustments are all that's needed for successful weight loss. The key is recognizing that many things we perceive as being unchangeable can, in fact, be changed if we look at the problem from another angle. Take some time to complete the questions below. We will see you at your consult appointment!

What is your overall goal for this program?

Please list typical foods you eat on a regular basis:

Breakfast-

Lunch-

Dinner-

Snacks-

Do you drink alcohol? Y N How many/week? _____

Do you drink sugared sodas, lemonade or sweet tea? Y N How many/week? _____

Are there any foods you cannot give up for any reason (i.e., chocolate, French fries, ice cream, etc.)? What are they? Could you eat them in moderation or is it hard to stop eating them once you get started? If you can't stop eating them, are there substitute foods which would be satisfying?

How many meals/week do you eat out, either in fast food or sit down restaurants? Is eating out a social activity for you or is it done for convenience?

Who prepares the meals in your home?

If you prepare the meals, do you like to cook or is it a chore?

If you don't prepare the meals, is your partner willing to change the way they prepare meals to assist you in your weight loss efforts? If they are reluctant to make changes, how might this be addressed?

How might you make cooking meals easier/less time consuming? What are your favorite meals to cook?

Please list your current exercise regimen:

In an ideal world, if you could do any form of exercise you like, what would it be and why do you like to do this activity? If you aren't doing this exercise now, what barriers are keeping you from doing it? Can any of these barriers be overcome?

Please outline your typical daily schedule beginning with when the alarm goes off and ending when you go to sleep at night.

What are your barriers to regular exercise? Can any of these barriers be removed or altered in order to give you time to exercise?

Average hours of sleep per night:

On a scale of 1-5 (5 being very high), how would you rate your current stress level? _____

What contributes to your stress and can any of these stressors be eliminated? How would you do that? If these stressors cannot be eliminated, what stress management techniques work for you? Who in your support system might help you eliminate some stressors?

Is anyone else in your home trying to lose weight? Y N

If not, do they support your weight loss efforts? Y N

If they don't support your weight loss efforts, how might this be addressed? Who else in your circle can support you in this process?