Hayden Lake
FAMILY PHYSICIANS
8181 Cornerstone Dr. • Hayden Lake, ID 83835 • Telephone (208) 772-0785

Weight Loss Program Questionnaire

Name: _____ **Date of Birth:** _____ **Age:** ___ **Sex:** ☐ Female ☐ Male

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Work Phone:** _____ **Email:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

How did you hear about this clinic? ☐ Social Media: _____ ☐ Referral: _____
☐ Internet Search ☐ Billboard/Ad ☐ Other: _____

What reasons do you feel contribute to having excess weight? Check all that apply:

☐ Alcohol Intake	☐ Comfort Foods	☐ Hormone Changes	☐ Medical Condition	☐ Sedentary Lifestyle
☐ Busy Lifestyle	☐ Excess Snacking	☐ Increased Stress	☐ Perimenopause	☐ Sweetened Beverages
☐ Child Birth	☐ Family History	☐ Low Energy/Fatigue	☐ Sleep Disruptions	☐ Unsupportive Partner
☐ Binge Eating	☐ Psychological	☐ Skipping Meals	☐ Stress Eating	☐ Other: _____

Please explain any items you marked above:

Current Weight: _____

What is your ideal weight?_____
Are you currently: ☐ pregnant ☐ Trying to conceive ☐ Breastfeeding

Have you or a family member ever been diagnosed with:
☐ Medullary Thyroid Carcinoma (Thyroid Cancer) ☐ Multiple Endocrine Neoplasia Syndrome type 2 (MEN 2)

Have you ever been diagnosed with or currently have:
☐ Hypertension ☐ Hyperlipidemia ☐ Abnormal Fasting Blood Sugar ☐ PCOS ☐ Obstructive Sleep Apnea
☐ Fatty Liver Disease ☐ Insulin Resistance

Please explain any items you marked above:

Do you have any other medical issues not listed above? ☐Yes ☐No
If yes, please list:

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