

Intake

Please answer the following questions with a short answer. Bring this to your first appointment or email to info@DietsDontWork.org.

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Primary Phone (____) _____ Cell (____) _____

e-mail _____ Receive Newsletter _____

1. Does anyone in your family have a weight problem? _____

Please Explain: _____

2. Is there any family history of Diabetes? _____ Hypertension? _____

Heart disease? _____ Mental Illness? _____ Kidney Cancer? _____

Alcoholism? _____ Addiction? _____ Eating Disorders? _____

3. When was your last physical check up? _____ Did you have a blood

panel? _____ Was it normal? _____ Please have a medical check up before

beginning this program. Your physician should rule out any medical conditions that

may be causing a weight fluctuation. Ask your physician about medications that

may cause weight changes. Have you seen a Registered Dietitian? _____

4. Current Medical Condition? _____

Prescriptions? _____

Diet's Don't Work®

5. Do you regularly take nutritional supplements? _____ How long have you been taking them? _____ What do you currently take? _____

6. When did you first realize you had a problem with food? _____

7. Do you crave Sugar? _____ Carbohydrates? _____ Salty foods? _____
Pasta? _____ Fast foods? _____ List others: _____
8. Do you tend to overeat when Tired? _____ Stressed? _____ Bored? _____
Excited? _____ Lonely? _____ Overwhelmed? _____ Depressed? _____
Angered? _____ As a Reward? _____ Disappointed? _____ Other? _____
9. What is the hardest time of day to control your food intake? _____
10. Have you purged, used laxatives, extensive exercise, or diuretics to control your weight? _____ What did you use? _____ When? _____ How often? _____
11. Have you noticed any hormonal changes? _____
12. Do you experience extreme mood cycles? _____
13. What has been successful in controlling your weight in the past? _____

14. How long was it successful? _____ Why did it stop? _____

15. What have you tried that has not worked for you? _____

16. Why do you think these did not work? _____

17. What are your goals for this program? _____
