

Oh LifeStyle by Choice - Weight Management Intake

(ALL INFORMATION IS CONFIDENTIAL)

NAME _____ NICKNAME _____ DATE _____

STREET ADDRESS _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

I give you permission to contact me via E-mail: YES ____ NO ____

Via home phone: YES ____ NO ____ Via cell phone: YES ____ NO ____

BIRTHDATE _____ Age _____ FEMALE ____ MALE ____

*If under 18 years of age give parents names and address:

Family Status: I am the _____ child out of _____ children.

My father was/is thin _____, normal weight _____, overweight _____.

My mother was/is thin _____, normal weight _____, overweight _____.

1. My weight goal is _____. In the past I felt best when I weighed _____.

2. I began gaining excess weight at age _____.

3. I was happy with my weight at age _____, or, I was always too heavy _____.

4. The food(s) that seem(s) to put weight on me

includes: _____

5. The type of exercise I get is _____ and I do this _____ times a week.

6. _____ stops me from exercising.

7. _____ stops me from

losing weight.

8. When I eat something I shouldn't eat my thought(s) right before I eat it are

_____, and my

thought(s) when I stop eating are _____

_____.

9. I believe that I can loose weight to the point that I am comfortable with myself. YES _____ NO _____

10. Five reasons why I want to loose weight are:

1. _____

2. _____

3. _____

4. _____

5. _____

Please put an "X" next to any conditions, emotions, or feeling which describes you, or have interfered with your daily routine. This is confidential information.

Nail biting _____

Workaholic habits _____

Insomnia _____

Irritability _____

Fatigue _____

Restless Sleep _____

Restless _____

Depressed _____

Nervous _____

Anxious _____

Confusion _____

Desire to drink alcohol _____

Craving of sugar products _____

Craving of fatty products _____

Craving for (add any other here) _____.

* I crave more: before meals _____ or I crave more after meals _____

* I eat even when I know that I am absolutely full _____

* I seem to eat more when I encounter personal problems or stress _____.

* I seem to crave more after eating candy _____ or other refined carbs _____, more complex carbohydrates _____, or _____.

* I eat more when I am with friends _____.

When I crave _____, it is in the morning _____, afternoon _____, early evening _____, or late at night. I got along with my father all the time _____ sometimes _____ never _____ I got along with my mother all the time _____ sometimes _____ never _____ I was called names during the ages of _____ or, I was never called names _____. Either my father _____ or mother _____ used alcohol or other drugs in excess.

AGREEMENT

I am willing to be guided through mental and physical relaxation techniques, visual imagery, Clinical Hypnosis, and Neuro-linguistic Programming. I understand that there are no guarantees for changing human behavior and that the services I purchase from LifeStyle by Choice, LLC are not to be used as a substitute or replacement for professional medical or mental health advice or care. I have read the HIPPA notice of Primary Practices and understand my responsibilities.

SIGNATURE _____ DATE _____