



the center for medical weight loss



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New Patient Information Form (please print)

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security # \_\_\_\_\_

Email\* \_\_\_\_\_

Patient Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Authorization To Release Test Results

I give my consent to the office of Dr. Katz to release any test results ordered by this office to the following person if I am unavailable.

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

PHONE \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about The Center for Medical Weight Loss (CMWL)?

Physicians Office (Dr./Nurse Name) \_\_\_\_\_

Friend/Family Member (Name) \_\_\_\_\_

TV Commercial \_\_\_\_\_

CMWL Web Site \_\_\_\_\_

Health Fair \_\_\_\_\_

Newspaper \_\_\_\_\_

Billboard \_\_\_\_\_

Other \_\_\_\_\_

*\*Email addresses are used only for The Center for Medical Weight Loss. We do not sell or otherwise release email addresses of any of our patients to third parties.*



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## WEIGHT CONTROL EXPECTATIONS QUESTIONNAIRE

This form has been designed to assist you in organizing your thoughts regarding exactly what it is you want for yourself and importance of clearly delineating your expectations when participating in any kind of weight control program. By first filling out questionnaire as completely as possible, and then reviewing it with your health provider, you will learn what can reasonably be expected to occur.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

\* I understand that I may receive email communication from The Center for Medical Weight Loss from time to time related to my weight loss program. I also understand that I may elect to stop receiving such emails at any time by using the "unsubscribe" link located at the bottom of the email communication

What is your goal weight? \_\_\_\_\_

Do you have any other expectations (health wise) regarding your weight loss plans?  
\_\_\_\_\_

Describe your home situation: Single \_\_\_\_\_ Married, no kids \_\_\_\_\_ Married and kids \_\_\_\_\_

If you have children at home, what are their ages? \_\_\_\_\_

If you are married and/or have children, are they overweight \_\_\_\_\_

How many hours of sleep do you get a night? \_\_\_\_\_

Do you feel rested when you awaken? \_\_\_\_\_

How many days per week do you eat breakfast? 1-3 \_\_\_\_\_ 4-7 \_\_\_\_\_ never \_\_\_\_\_

Who cooks dinner in your home? \_\_\_\_\_

Describe your favorite meal. \_\_\_\_\_

Who does the grocery shopping in your home? \_\_\_\_\_

How much water do you drink per day? \_\_\_\_\_

How many times have you exercised in the past week? \_\_\_\_\_

If you have exercised, what is the average length of time (hours and minutes) you exercised? \_\_\_\_\_

Do you have any health issues that limit exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

How many hours of television do you watch per day? \_\_\_\_\_



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If you have tried previous weight loss programs, what did you like about the program?

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What did you not like?

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If you have tried to lose weight before, what do you think limited your success?

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Which of the following statements describes you best (circle one):

1. I am highly motivated to lose weight and will do whatever it takes to get healthy.
2. I definitely want to lose weight but I would rather go slow and steady.
3. I know weight loss is hard and I am not sure any program will work for me.

Which of the following statements describes you best (circle one):

1. I know exercise is **necessary** to lose and maintain weight loss, but there is no way I can fit it into my schedule.
2. I already exercise as much as I possibly can which is 1-3 times per week.
3. I currently exercise most days for more than 30 minutes.