

Name \_\_\_\_\_

PCP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Specialists \_\_\_\_\_

## Medical History for ReJuv Weight Loss

**Past Medical History**(list any chronic illnesses such as diabetes, high blood pressure, auto immune diseases, etc): \_\_\_\_\_

**Past Surgical History** (list any surgeries you have ever had): \_\_\_\_\_

**Medications** (lists meds, doses, how often you take them and what you take them for): \_\_\_\_\_

**Supplements** (list any supplements such as vitamins or herbs and how much you take): \_\_\_\_\_

**Date of last lab work** (if you know, or approximate): \_\_\_\_\_ **Ordering Dr.** \_\_\_\_\_

**Labs ordered:** \_\_\_\_\_

**Date of last EKG:** \_\_\_\_\_ **Ordering Dr /where done:** \_\_\_\_\_

## Weight Loss History

**Previous diets tried/any success? -**

**Lowest adult weight** \_\_\_\_\_ / **at what age** \_\_\_\_\_ **What goal weight do you have in mind?** \_\_\_\_\_

**Do you cook?** \_\_\_\_\_ **Are you responsible for providing meals for other people?** \_\_\_\_\_

**How many times a week do you eat out?** \_\_\_\_\_

**What types of restaurants?**(fast food, take out, pizza, breakfast, name specific ones, etc)

**Do you drink alcohol?** \_\_\_\_ **How often / how much/ what type?** \_\_\_\_\_

**Do you exercise?** \_\_\_\_\_ **How often and for how long?** \_\_\_\_\_

**What types of exercise?**