

# Lipo-Light

## *Safe & Effective Body Contouring*

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### How did you hear about us?

( ) Signage ( ) Word of Mouth ( ) Other \_\_\_\_\_ ( ) Print Ad Which paper or magazine? \_\_\_\_\_

1. I want to lose tone up/ lose weight because: (check all that apply)

- I hate the way I look
- I hate the way I feel
- I hate the way others see me
- I hate the way my clothes feel
- I'm embarrassed by what I look like
- I have trouble getting around because of my weight
- I have back pain or knee pain because of my weight
- I have no energy and I am always tired
- I am overweight and I'm very worried about my future health
- My health is spiraling out of control
- My doctor told me I need to lose weight
- I am a diabetic
- I'm too heavy to exercise
- I'm in too much pain to exercise
- I do not want to have surgery for my weight
- Other \_\_\_\_\_

2. What area of your body would you like to tone up first?

( ) Abdomen ( ) Below Abdomen ( ) Buttocks ( ) Thighs ( ) Arms ( ) Chin ( ) Back ( ) Other

3. I would like to lose weight? YES No \_\_\_\_\_ lbs

4. What do you think has been your main obstacle to getting trimmer and losing weight?  
\_\_\_\_\_

5. What else have you tried to tone up or lose weight?

- Exercise: Amount \_\_\_\_\_ Frequency \_\_\_\_\_
- Weight Watchers
- Jenny Craig
- Slim Fast
- South Beach Diet
- Low Carb Diets
- Surgery: Band Bypass

- Other \_\_\_\_\_
- I am frustrated in my attempts to lose weight
- Nothing seems to work for me

6. Please list any medical history related to the following:

Heart/ Edema/Swelling \_\_\_\_\_

Liver/Kideys \_\_\_\_\_

Lungs \_\_\_\_\_

Thyroid \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Digestion \_\_\_\_\_

Endocrine/ Glands/ Diabetes \_\_\_\_\_

Musculoskeletal (pain) \_\_\_\_\_

List any surgeries and year \_\_\_\_\_

Cancer \_\_\_\_\_

Autoimmune \_\_\_\_\_

Other important health history \_\_\_\_\_

Are you currently?            **Yes**   **No**   Any metal pins or plates   **Yes**   **No**

7. I would like to meet with the doctor to discuss a weight loss program as well. YES NO