# Weight Loss Survey

***To determine if you are a candidate for our program***

Name _____ Address _____

Email _____ Age _____ Phone # _____

1. On a scale of 1 to 10 (1 = low and 10 = high), how committed are you to losing weight?

   *Low* 1 2 3 4 5 6 7 8 9 10 *high*

2. I want to lose weight because: (check all that apply) (circle the 1 or 2 that applies the most)
   - ☐ 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_____

What do you think has been your main obstacle to losing weight?

_____

_____

3. Are you pregnant? YES NO Breast Feeding? YES NO
   Are you allergic to milk? YES NO
   Are you lactose intolerant? YES NO
   Do you have any known allergies? _____
   What medications are you currently taking and what are they for?
   _____
   Do you eat a lot of carbohydrates? YES NO
   Do you smoke? YES NO How many years? _____
   How much coffee do you drink? _____daily DECAF or REG
   Do you crave…SUGAR? YES NO SALTY FOODS? YES NO
   Are you diabetic? YES NO Type 1 (juvenile onset) Type2 (adult onset)
   Are you always tired? YES NO
   Do you have an energy crash in the early afternoon? YES NO
   Do you sleep through the night? YES NO

4. What is your current weight? _____ What is your ideal weight? _____
I would like to lose _____ lbs.

5. What else have you tried to lose weight?

- ❒ Exercise: Amount_____ Frequency_____
- ❒ Weight Watchers
- ❒ Jenny Craig
- ❒ Slim Fast
- ❒ Nutritionist
- ❒ South Beach Diet
- ❒ Low Carb Diets
- ❒ Isagenix
- ❒ Sensa
- ❒ Surgery: Band Bypass
- ❒ Other _____
- ❒ I am frustrated in my attempts to lose weight
- ❒ Nothing seems to work for me
- ❒ Which of the above programs gave you the best results? _____

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

- ❒ Heart _____
- ❒ Liver _____
- ❒ Lungs_____
- ❒ Thyroid _____
- ❒ Cardiovascular _____
- ❒ Digestion_____
- ❒ Endocrine/ Glands _____
- ❒ Musculoskeletal (pain) _____
- ❒ List any surgeries and year _____
- ❒ Other important health history _____

7. Our program is an initial 30 day program comprised of multiple products to get your body to burn fat quickly as well as a Food Management Plan in which you will have 3 meals throughout the day. The program is easy to follow and simple to do. You can achieve better results in one month with it than with multiple months with other programs. Check what applies to you:

- ☐ YES, I am very motivated to start a program tomorrow/ within the next few days
- ☐ I am just curious to see what programs are being offered
- ☐ I can't start a program right now, but in the near future

8. I am also interested in Laser Like Lipo-Light Body Contouring ( ) YES ( ) NO

*Our patients have maximized their results by combing weight loss and our laser like Lipo-Light.*

**Ask about our combo Body Perfect Slim Down Programs.**

# Tracking Your Progress

## 1. Compute Your Body Mass Index (BMI)

Before BMI: _____ (Weight x 703 / Height / Height)
After BMI: _____

Example: BMI: Bob is 5'7" and weighs 155 pounds. Bob's BMI is 24.3
9155 x 703 / 67 / 67), so his weight status is Normal.

| BMI | Weight Status |
|---|---|
| Below 18.5 | Underweight |
| 18.5 - 24.9 | Normal |
| 25 - 29.9 | Overweight |
| 30 and Above | Obese |

## 2. Weight

| Start | Day 3 | End |
|---|---|---|
| | | |

**Total Weight Loss _____**

## 3. My Measurements

| Measurement | Start | Day 3 | End | Difference |
|---|---|---|---|---|
| Upper Arm (Left) | | | | |
| Upper Arm (Right) | | | | |
| Chest | | | | |
| Diaphragm | | | | |
| Waist | | | | |
| Abdomen 6" Below Waist | | | | |
| Buttocks 9" Below Waist | | | | |
| Upper Thight (Left) | | | | |
| Upper Thigh (Right) | | | | |
| Calf (Left) | | | | |
| Calf (Right) | | | | |
| Upper Knee (Left) | | | | |
| Upper Knee (Right) | | | | |
| My Total Inches | | | | |
| **My Total Inches Lost** | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |