



Welcome to VitaLife. We look forward to helping you meet your health goals!

PERSONAL INFORMATION

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated current weight: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

HOW WERE YOU REFERRED TO OUR OFFICE?

Radio: \_\_\_\_\_ Which Station? \_\_\_\_\_ Newspaper Ad: \_\_\_\_\_ Street Sign: \_\_\_\_\_

Friend of family: \_\_\_\_\_ Online: \_\_\_\_\_ Other: \_\_\_\_\_

MEDICAL HISTORY

Do you or any family member have/had any of the following? Please put a "Y" for you, or an "F" for family

- Depression, Stroke, Headache, Gout, Heart attack, Hypoglycemia, Neck pain, Mid back pain, Diabetes, Anemia, Poor sleep, Low back pain, Thyroid disease, Cancer, Dizziness, Carpal tunnel, Kidney disease, High blood pressure, Arthritis, Epilepsy, Intestine problems, High cholesterol, Organ transplant, Gallbladder disease, Shortness of breath

List any surgeries you have had: \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_ If Yes, please list: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How many children? \_\_\_\_\_ Are you breast feeding? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Drink? \_\_\_\_\_ How much water do you typically drink in a day? \_\_\_\_\_

Any known allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Your primary care physician and full address: \_\_\_\_\_

HISTORY

How long have you been overweight? \_\_\_\_\_

How have you tried to lose the weight in the past? \_\_\_\_\_

What are your top 2 reasons why you want to lose weight? 1 \_\_\_\_\_ 2 \_\_\_\_\_

Has your doctor recommended you to lose weight? \_\_\_\_\_

Can you attribute the weight gain to anything? \_\_\_\_\_

What is your energy level on a scale of 1-10 (1 being the lowest and 10 the highest)? \_\_\_\_\_

On average, how many hours of sleep do you get each night? \_\_\_\_\_

How many times do you eat out at a restaurant during an average week? \_\_\_\_\_

GOALS

What is your Goal Weight? \_\_\_\_\_

When was the last time you were at that weight? \_\_\_\_\_

How much weight have you lost and gained then lost and gained in the past? \_\_\_\_\_

On a scale of 1-10, with 10 meaning "I'm fully committed, I want to start right now", & 1 meaning

"I'm not interested" What is your current level of commitment? \_\_\_\_\_