

Current Weight:_____ Desired Weight:_____

Desired Completion Date:_____

Weight loss can be complex. If you have failed in the past, it could be because you have some of the following

- Abdominal Pain
- Diarrhea
- Constipation
- Gas after a meal
- Frequent Urination
- Sugar Cravings
- Irritable if meals are missed
- Fatigue after meals
- Fatigue
- Difficulty getting to sleep
- Difficulty staying asleep
- High amounts of stress
- Over heating
- Cold hands and feet
- Low sex drive
- Fibromyalgia
- Depression
- Mental fatigue
- Menopause
- Muscle pain
- Joint pain
- Back pain
- Knee pain
- Hip pain
- Take pain medication

If you filled out more than 2 of the following, you should ask for a complete health evaluation form.

If there was something you could do about these conditions would want to do so. Yes/No

I would like to have a Discounted consultation with the doctor about my problem on which day: M W Th AM/ PM

Name_____Occupation_____

Address_____ City_____ Zip_____

Phone where you can be reached_____

Age_____ Email_____