



Name _____ Date of birth _____ Height _____ Weight _____

Have you ever been diagnosed or treated for sleep apnea? Yes No

WEIGHT MANAGEMENT HISTORY

Physicians who followed (are following) your weight problems: Name:	Physician supervised weight loss attempts:	Weight Loss	Weight Regained	Length of Program
	Opti-Fast			
	Medi-Fast			
	Previous Surgery for Weight Control			
	Prescription Medications			

DIET PROGRAMS

Program	Year	Weight Loss	Weight Regained	Length of Program
Weight Watchers				
Jenny Craig				
Slim Fast				
Herbal Life				
Slim For Life				
American Heart Association Diet				
Diabetes Diet				
Low-carb Diet				
Fad Diets (i.e. Grapefruit, Cabbage Soup)				
Over Eaters Anonymous				