

Weight Loss Questionnaire



The Thinnergy Philosophy

1. Obesity is a chronic disease, which requires a lifelong treatment.
2. Obesity is a disease process with a physiological cause, like diabetes or hypertension. It is not a result of “weakness” or “lack of willpower” on the part of the patient.

Obese individuals have a right to healthcare that is safe and fits their lifestyles. It should recognize and respect their individual physical, social, spiritual, psychological and economic needs.

Weight Control Expectations Questionnaire

This form has been designed to assist you in organizing your thoughts regarding exactly what it is you want for yourself. By first filling out this questionnaire as completely as possible, and then reviewing it with your physician, you will learn what can reasonably be expected to occur.

How did you hear about us?		
How much weight do you expect to lose?		
Total:	Per week:	Per month:
What was your highest weight:	Your goal weight:	
How long have you been trying to lose/struggling with your weight:		
What will happen if you don't lose as much weight as you would like or as quickly as you would like, how will you react:		
If your weight loss slows down markedly or even stops for awhile, do you understand the difference between fat loss and water loss:		
What size clothes do you expect to be able to wear when you reach your goal weight:		
How will it change your life in any way (better or worse) when you reach your goal weight:		
Will you handle compliments about how you look when you are at your goal weight:	YES	NO
How will your “new” self affect your relationship with your significant other(s):		
How will family and friends respond to the “new” you:		

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Do you expect to get a better job, if so where:	YES	NO	
Will you get more respect from others, any specifically:	YES	NO	
How will you be expected to perform better at work or at home:			
How will you have to be more sociable that you are now:			
What new responsibilities will you assume:			
What will happen if some of your expectations don't come true:			
What do you expect to have to do to maintain your weight:			
Will you continue with medical monitoring:	YES	NO	For how long?
Will you continue to watch your food intake:	YES	NO	For how long?
Will you continue to exercise:	YES	NO	For how long?
What do you expect from Thinnergy (your medical counselors):?			
What is your email address:			

By providing my email, I understand that I may receive email communications from Thinnergy Medical Weight Loss and The Center for Medical Weight Loss related to my program. I also understand that I may stop receiving emails at anytime by using the "Unsubscribe" link located at the bottom of the email.

Name: _____ Date: _____

Signature: _____