



Weight Reduction Questionnaire

Patient to Please Complete

File No:

Date:
Name and Surname:
Preferred name (e.g. Nickname)
Email address:
Telephone number home: Work:
Referred by (if applicable):
Previous diets tried:

Date	BP	Weight	Bottles	Weight loss	Comment

Age: **Current weight:** **Height:** **Ideal weight:**

Family Body Structure? (Yes/No)
Thin:
Average:
Overweight:

Female patients ONLY

Pregnant Y/N:
No. of children:
Date of last born:

Exercise Currently Participating in:.....

Smoker (Answer Y/N): If You Have Stopped Smoking When?

Alcohol Intake [Wine/ Beer/ Spirits/ Cider]:

Current eating habits (Yes/No)
Breakfast
Lunch
Dinner
Snacking/cheating

Known Previous Medical History (Including Thyroid/ Arrhythmia):

.....

.....

.....

Current Medication (Incl. Pill Dosage):

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.....

Allergy's (Incl. Alcohol)

Elevated Blood Pressure?

IN ORDER FOR TH-IS DIET PLAN TO WORK YOU HAVE TO COMMIT TO:

**Following the Diet=> No mixing Carbohydrates and Proteins=> No Sugar=> Increased Water Intake=>
Exercise Regularly=> No Alcohol (Or as Directed)**

HEALTH CHECK LIST

Do You Suffer From?	Never	Rarely	Time to time	Quite often	Often
Abdominal distension					
Abdominal pain after meals					
Aching joints					
Acne					
Allergies					
Anxiety attacks					
Bags under the eyes					
Bleeding Gums					
Bloating					
Burping					
Catarrh					
Chronic Tiredness					
A coated tongue					
Constipation					
Day sweats					
Dizziness					
Diarrhoea					
Dyspepsia					
Flatulence					
Fluid retention					
Food cravings					
Food intolerance					

	Never	Rarely	Time to time	Quite often	Often
Gout					
Headaches					
Heartburn					
Hunger pangs					
Indigestion					
Insomnia					
Irritable bowel syndrome Joint pain					
Joint swelling					
Lack of appetite					
low energy levels					
Migraine					
Mood swings					
Mouth ulcers					
Muscle aches and pains Nausea					
Snacking and eating often Night sweats					
Palpitations					
Persistent infections					
Persistent thirst					
Poor circulation					
PMS					
Recurring sore throats Rashes					
Sinus conditions					
Skin problems					
Stomach ulcers					
Stress					
Weight Gain					
Weight loss					

If you are suffering from any of the above health conditions, our eating program will help manage these conditions effect, for your overall wellbeing.