Vitality Health Systems

Welcome to our office. We look forward to helping you meet your goals!

Date:_____

PERSONAL INFORMATION

Name_____ Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Miss_____

Address _____

City, State, Zip _____

Telephone (Home) _____ (Mobile) _____Carrier _____

Date of Birth _____ Age _____ Height_____ Email _____

Occupation _____ Spouse 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 an "x" for you, and "f" if family member

_____ 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? _____

Have you tried to lose the weight in the past? How?_____

What are your top 2 reasons why you want to lose weight? _____

_____

Has your doctor recommended you to lose weight? _____

Can you attribute the gain to anything? _____

What is your energy level on a scale of 1-10, with 1 being the lowest and 10 the highest?_____

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

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, and 1 meaning, not interested – What is your current level of commitment? _____