

LOSE FOR LIFE Assessment Form

Patient Name:

Date:

Date of birth:

Weight History

Current weight _____

Height _____

How much weight do you want to lose on the LOSE FOR LIFE program?

When did you last weigh this amount?

How long have you been overweight?

What weight loss methods have you tried in the past?

How long did you keep the weight off?

What did you find helpful about these programs?

Which weight loss methods did you think you were most successful on and why?

Psychosocial

Are you currently undergoing any major lifestyle changes (e.g., marriage, divorce, change of job, death of someone important to you)? If so, describe:

What other commitments do you have that might interfere with you fully participating in the LOSE FOR LIFE program?

Other than losing weight, what benefits do you hope to gain from being in this program.

Out of all those who you surround yourself with, who do you think will be supportive of the changes you are going to make?

Out of all those who you surround yourself with, who do you think will NOT be supportive of the changes you are going to make?

Lifestyle and Eating Habits

Do you typically skip meals?

Including snacks, how many times a day do you eat?

Do you drink alcohol? If so, how often and what type?

How often do you eat out? What type of restaurants?

Would you say that you typically plan your meals?

Do you feel that you have a problem with portion sizes?

What do you think your biggest issues are related to your eating habits?

Do you have any food allergies or sensitivities?

Please check the following if they apply to you and your eating habits.

- ◇ Thinking about food too much of the time
- ◇ Eating high-fat foods
- ◇ Eating too many sweets
- ◇ Eating too quickly
- ◇ Uncontrollable binges
- ◇ Eating for emotional reasons such as stress, boredom, depression, loneliness etc.
- ◇ Overeating when alone
- ◇ Using food as a reward
- ◇ Eating to take my mind off other problems
- ◇ Mindless eating
- ◇ Other (explain)

Do you exercise? If not, why not?
If so, how often and what type of exercise?

I certify that the information is true and correct to the best of my knowledge.

Signature _____

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