

DIET HISTORY

How many years have you been overweight? _____

Have you had any previous weight loss surgery? Please indicate below and the amount of weight lost.

Please list any other diets that you have tried in the space provided.

Program/ Medication	Date	Duration/ How long?	Physician Supervised?	How much weight lost?
Weight Watchers				
Jenny Craig				
Slim Fast				
Nutri System				
Dr. Atkins				
Protein Shakes				
Grapefruit Diet				
Exercise				
Hypnosis				
Behavior Modification				
Acupuncture				
Fen-Phen				
Xenical				
Phentermine				
Metabolife				
The Sonoma Diet				
In Shape MD				
Special K Diet				
The Paleo Solution				
Mayo Clinic Diet				
Hallelujah Diet				
Online Diet Plan				
Other				

Patient Signature: _____ Date: _____