

What do you want to achieve out of this weight loss program? What are your desired health and fitness goals?

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What is your desired weight? \_\_\_\_\_ Kg

In order for us to help you, we would like to know more about eating habits, lifestyle and past history:

**A. Typical Day Diet.**

1. How many meals do you eat a day?
  
2. When do you consume most of your Calories?
  
3. Who prepares your food?
  
4. Where do you usually eat (e.g., outside the home, in front of the television)?
  
5. Do you eat breakfast? (Patients who do not eat breakfast is at risk of overweight and poorer weight management)
  
6. What proportion of carbohydrates, protein, fats, fruit and vegetables do you have at each meal?
  
7. Do you have any idea of the amount of energy (i.e., Kilojoules or Calories) you consume in a day?
  
8. How much salt and sugar do you consume (including salty and sugary foods / drinks)?
  
9. What are the typical snacks that you eat?
  
10. Do you consume Calories through drinks (e.g., milk, energy drinks, soft drinks, alcohol)?

## B. Recreational Substances Use and smoking

1. Do you use any recreational drugs?  
(e.g., Marijuana can be an appetite stimulant)

2. Do you smoke?  
(Smoking cessation may lead to weight gain)  
If yes, how long have you been smoking?

How many cigarettes do you smoke per day?

## C. Medications

Can you list all the current medications that you are on?  
(Certain medications may cause weight gain)

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## D. Physical Activities

Which best describe your current level of physical activity? Please tick one.

- Sedentary: Spend most of the day sitting (e.g., bank teller, desk job)
- Lightly Active: Spend a good part of the day on your feet (e.g., teacher, salesperson)
- Active: Spend a good part of the day doing some physical activity (e.g., food server, postal carrier)
- Very Active: Spend most of the day doing heavy physical activity (e.g., bike messenger, carpenter)

The Royal Australian College of General Practitioners recommends 60 minutes of moderate – intensity physical exercise at least 5 days a week, and muscle strengthening activities at least twice per week; avoid prolonged periods of sitting and consider a pedometer step target.

## E. Sleep Pattern (studies found there is an association between sleep deprivation and obesity)

1. Do you suffer from insomnia / is sleep deprived?

2. Do you snore at night when asleep?

If yes, have you been assessed for sleep apnoea?

**F. Medical history:**

If you are female,

Do you suffer from irregular periods?

Do you suffer from acne or unwanted hair growth?

Have you been diagnosed with Polycystic Ovarian Syndrome (PCOS)?  
PCOS is associated with obesity

**G. Mental Health:**

Is your eating ever emotionally driven?

Do you feel your eating is out of control or that you eat more than others in a short period of time?

Do you feel guilty about your eating?

Do you have a history of emotional trauma and abuse?

Can you list previous methods or medications or surgery used for weight loss?

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Do have a Smart Phone?

Yes  No

Our weight loss program works best if you can install My Fitness Pal App to keep track of the Calories you consume and expended through exercises, on a regular basis.