Medical Weight Management Health History Questionnaire

Name ______________________ Date of Birth ______________________

Past Medical History	
☐ Sleep Apnea	☐ Vitamin Deficiency
CPAP ☐ Yes ☐ No	☐ Barrett's Esophagus
☐ Glaucoma	☐ Hypogonadism
Medication History	
☐ Testosterone Therapy	☐ Hormone Therapy
Previous Proton Pump Inhibitors Used (circle all that apply)	
Prevacid Prilosec Protonix Nexium Other	
Length of Therapy:	
Previous Bisphosphonates Used (circle all that apply)	
Reclast Boniva Fosamax Actonel Zometa Atelvia Other	
Length of Therapy:	

Diet History
First ever diet:
Previous Diets (circle all that apply)
Weight Watchers Jenny Craig Logenics Scarsdale Nutrisystem SlimFast HcG Cabbage Soup Whole30 Keto Atkins South Beach Other:
Previous Medication for Weight Loss (circle all that apply)
Mounjaro Phentermine Contrave Qsymia Ally Ozempic Fenfluramine/Phentermine Other
Social History
Caffeine Use: ☐ Yes ☐ No If yes, ☐ Black ☐ Cream ☐ Sugar
Daily Water Intake (ounces/day):
Exercise Frequency (times/week): Duration (minutes):

Past Weight History	
High school years	
20's	
30's	
40's	
50's	
60's	
Maximum weight?	

Past Surgical History	
☐ Bariatric Surgery	☐ Roux-en-Y Gastric Bypass
Starting weight:	Complications:
Lowest weight:	☐ Endoscopic Sleeve Gastrectomy
Bariatric Vitamins: ☐ Yes ☐ No	Complications:
☐ Lap Band	☐ EGD
Last Fill:	☐ Tubal Ligation
Complications:	☐ Vasectomy

Family Obesity History

Relationship	Age	Living Y/N	Overweight	Obese	Addiction History	Major Medical Problems/Cause of Death
Father						
Mother						
Siblings						
Children						

Pregnancy History

Pregnancy	Age	Total weight gained	Lost all the weight	Lost some weight	Lost no weight	Total weight lost after pregnancy
First						
Second						
Third						

Patient/Guardian Signature: ______________________ Date: ______________