

Roseville Weight Loss Clinic

Dr. Brian VanWagenen

Date _____

Name _____

Occupation _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Email _____

Date of birth _____ How did you hear about us? _____

Hobbies/Activities _____ Is your weight interfering with any of these? " Y " N

Who is your Primary Care Physician? _____

Current Weight: _____ Desired Weight: _____ Height: _____

Marital Status: Married Single Partner Separated Divorced Widow(er)

Weight loss can be complex. If you have failed in the past, our Metabolism Reset Solution can be your answer.

Please check any of the following that apply to your health.

- | | | |
|--|---|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Difficulty getting to sleep | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Mental fatigue |
| <input type="checkbox"/> Difficulty staying asleep | <input type="checkbox"/> Constipation | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> High amounts of stress | <input type="checkbox"/> Gas after a meal <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Joint pain <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Over heating | <input type="checkbox"/> Sugar Cravings | <input type="checkbox"/> Neck pain <input type="checkbox"/> Knee pain |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Irritable if meals are missed | <input type="checkbox"/> Hip pain |
| <input type="checkbox"/> Low sex drive | <input type="checkbox"/> Fatigue after meals | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Thyroid Problem | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Total number of meds taking _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gallbladder Removed?
<input type="checkbox"/> Yes <input type="checkbox"/> No | |

What programs have you tried in the past? _____

Your results? _____

Any other health problems? _____

If I could give you just ONE RESULT OR OUTCOME by us working together, what would that be? _____

