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## NCWH Weight Management Program: *Be Happy in Your Own Skin*

### INTAKE INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Personal Goal with this Program: \_\_\_\_\_

Current Weekly Exercise: \_\_\_\_\_

Current Stress Level (circle one): none / low / med / high

Current Nicotine use: (circle one): none / occasionally / weekly / daily / a problem

Current Sleep Schedule: \_\_\_\_\_

Other Drug use: (type and frequency) \_\_\_\_\_

Current TV/ Computer/Screen time (hours/week) \_\_\_\_\_

Have you ever been Diagnosed with an Eating Disorder? If yes, please describe:

\_\_\_\_\_

Any Food Restrictions: \_\_\_\_\_

Please List Previous or Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Please List Previous Surgeries: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

\_\_\_\_\_

Your Most Important Reasons for wanting to Change Your Health Climate is:

\_\_\_\_\_

\_\_\_\_\_

Have you ever had Medullary Thyroid Cancer or Pancreatitis? Y / N

Do you have a History of Diabetes? Y / N – High Blood-Pressure? Y / N – Heart Disease? Y / N