

Name:
DOB:

Diet History Form

Most insurance companies require documentation of previous weight loss attempts. Please completed this form with as much detail as possible.

Method	Ages	# of Times Tried	Weight Lost	Comments / Weight Regain
<i>Weight Watchers</i>				
<i>TOPS</i>				
<i>First Place</i>				
<i>Nutri-System</i>				
<i>Jenny Craig</i>				
<i>LA Weight Loss</i>				
<i>Richard Simmons</i>				
<i>Overeaters Anonymous</i>				
<i>Herbal Life</i>				
<i>Dietitian</i>				
<i>Slim Fast</i>				
<i>Liquid Diet</i>				
<i>Cabbage Soup Diet</i>				
<i>Mayo Clinic Diet</i>				
<i>Scarsdale Diet</i>				
<i>Atkins Diet</i>				
<i>South Beach Diet</i>				
<i>Sugar Buster</i>				
<i>High Carbohydrate, Low Fat</i>				
<i>Starvation</i>				
<i>Behavior Modification</i>				
<i>Psychotherapy</i>				
<i>Hypnosis</i>				
<i>Surgery</i>				
<i>Diet Books</i>				
<i>Calorie Counting</i>				
<i>Dr. Vitkins</i>				
<i>Dr. Jagiella</i>				
<i>Dr. Martin</i>				
<i>Exercise</i>				
<i>Other (please describe)</i>				