CALIFORNIA MEDICAL WEIGHT LOSS & SPA

PATIENT INFORMATION

GENERAL INFORMATION

NAME:			DATE:
D.O.B:	AGE:	GENDER:	DRIVER'S LICENSE #:
STREET ADDRESS:		CITY & STATE:	
HOME #:		CELL #:	
OCCUPATION:		PRIMARY CARE PHYSICIAN:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT #:	
EMAIL ADDRESS:	WOULD YOU LIKE TO RECEIVE PROMOTIONS?		

MEDICAL HISTORY

MARK "X" IF YOU HAVE A HISTORY OF ANY OF THE FOLLOWING:

	HEART DISEASE/ HEART ATTACK/ CHEST PAIN		ANXIETY / DEPRESSION
	HIGH BLOOD PRESSURE		DIZZINESS / VERTIGO / HEADACHES
	RESPIRATORY PROBLEMS		SLEEPING PROBLEMS
	DIABETES		ARTHRITIS
	HIGH CHOLESTEROL		GLAUCOMA
	CANCER		THRYOID DISEASE
	EPILESY / SEIZURES		RECENT DRUG/ALCOHOL ABUSE

LIST IF ANY OR WRITE "NONE":

CURRENT MEDICATIONS	
KNOWN ALLERGIES	
SURGERIES & DATE	

FAMILY HISTORY

MARK "X" IF ANY ILLNESSES RUN IN THE FAMILY:

	KIDNEY PROBLEMS		CANCER
	HEART PROBLEMS		DIABETES
	HIGH BLOOD PRESSURE		OBESITY

SOCIAL HISTORY

MARK "X" TO ANSWER THE FOLLOWING QUESTIONS:	YES	NO
DO YOU SMOKE? IF SO, HOW MANY PACKS PER DAY?		
DO YOU DRINK ALCOHOL?		
DO YOU DRINK CAFFIENE?		
ARE YOU PREGNANT OR BREAST FEEDING?		
DO YOU PLAN ON PREGNANCY WITHIN THE NEXT 3 MONTHS?		

HAVE YOU EVER BEEN ON A SUPERVISED WEIGHT LOSS PROGRAM?	NAME & DATE:
HOW MUCH DO YOU EXERCISE PER WEEK?	
HOW MANY MEALS DO EAT PER DAY?	SNACKS?
WHAT IS YOUR WEIGHT LOSS GOAL?	

HOW DID YOU HEAR ABOUT **CALIFORNIA MEDICAL WEIGHT LOSS & SPA**? MARK "X"

	FACEBOOK		CLIPPER MAGAZINE		INTERNET	OTHER:
	YELP		PENNY SAVER		FLYER	REFFERED BY:

PATIENT CONSENT

The above information is a true representation of my current health status. I have read and understand the above and do hereby agree to treatment administered to me, including medications for weight control. I, the undersigned, have been informed by California Medical Weight Loss & Spa, Inc., of the possible hazard and consequences involved in treatment by medications and supplements for the purpose of weight loss. Nevertheless, I consent to such treatment and agree to hold California Medical Weight Loss & Spa, Inc. free and harmless for any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

PATIENT 'S SIGNATURE & DATE