

Weight Information Form

PRIVATE AND CONFIDENTIAL

Name.....Date.....

Present weight..... Goal weight.....

Weight history.....

Age.....No.of children.....Weight after pregnancy/s.....

(Typical) Breakfast.....

Mid-morning.....

Lunch

Mid afternoon.....

Dinner (Tea).....

Supper.....

Snacks in-between.....

Weekly alcohol (type and units)

Do you have cravings for sweet foods? YES / NO

Do you have cravings for anything else? (Please specify)

Exercise taken.....

Suggested exercises.....

Family weight history Mother.....Father.....

Sister(s)..... Brother(s).....

Quality of Relationships.....Sleep.....

Health.....Medication.....
.....

Do you suffer from PMT?.....Are you taking
HRT?.....