Physicians WEIGHT LOSS Centers®

Client Medical Summary

PERSONAL INFORMATION

Name__________________________Phone__________________

Address____

City___________________State________Zip__________________

DOB_________Age______Occupation______________________

Employed by____

Referred by____

Spouse____

HEALTH HISTORY

Personal Physician_______________________________________

Date of Last Physical Exam_________________________________

Medication Taking_______________________________________

Known Allergies_______________________Sulfa Allergy?________

Are you now under a physician's care for any acute or chronic medical condition requiring regular treatment? ☐YES ☐NO
Describe____

HAVE YOU EVER RECEIVED TREATMENT FOR ANY OF THE FOLLOWING?

YES	NO		YES	NO	
☐	☐	cancer	☐	☐	arthritis
☐	☐	liver disease	☐	☐	ulcers
☐	☐	pancreatic disease	☐	☐	osteoporosis
☐	☐	hepatitis	☐	☐	colitis
☐	☐	kidney disease	☐	☐	diverticulitis
☐	☐	bladder infection	☐	☐	diabetes
☐	☐	gout	☐	☐	chest pain
☐	☐	high blood pressure	☐	☐	stroke
☐	☐	heart attack	☐	☐	enteritis
☐	☐	hypoglycemia			

Do you have Colostomy?	☐YES	☐NO
Have you had intestinal bypass surgery?	☐YES	☐NO
Are you now pregnant or breastfeeding?	☐YES	☐NO
Do you have a pacemaker?	☐YES	☐NO

DO YOU HAVE ANY OF THE FOLLOWING?

YES	NO		YES	NO	
☐	☐	diabetes – type______	☐	☐	much sweating
☐	☐	heart trouble	☐	☐	frequent colds
☐	☐	gall bladder trouble	☐	☐	bladder trouble
☐	☐	kidney trouble	☐	☐	painful urination
☐	☐	stomach ulcers	☐	☐	asthma
☐	☐	cancer	☐	☐	poor digestion
☐	☐	tuberculosis	☐	☐	bloating
☐	☐	loss of hair	☐	☐	stomach burning
☐	☐	bleeding gums	☐	☐	poor bowels
☐	☐	sore mouth	☐	☐	loose bowels
☐	☐	sinus trouble	☐	☐	rectal pain
☐	☐	itchy skin	☐	☐	fast pulse
☐	☐	skin rash	☐	☐	palpitations
☐	☐	allergies	☐	☐	irregular heart
☐	☐	arthritis	☐	☐	lung trouble
☐	☐	leg cramps	☐	☐	sleeping trouble
☐	☐	swollen hands	☐	☐	nervousness
☐	☐	dry skin	☐	☐	oily skin
☐	☐	brittle fingernails	☐	☐	headache
☐	☐	dizziness	☐	☐	fainting spells
☐	☐	tiredness	☐	☐	chest pains
☐	☐	back ache	☐	☐	milk allergy

ARE YOU OR HAVE YOU EVER TAKEN:

YES	NO		YES	NO	
☐	☐	street drugs	☐	☐	thyroid
☐	☐	hormones	☐	☐	insulin
☐	☐	stomach meds	☐	☐	cortisone
☐	☐	laxatives	☐	☐	heart meds
☐	☐	birth control meds			

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