



Weight Loss Questionnaire

HomeopathicVibes

940 E. El Camino Real

Sunnyvale, CA 94087

harminder@homeopathicvibes.com

www.homeopathicvibes.net

Office (408)737-7100

(Please note that this information is for our office only and will not be shared with any body)

First Name

Last Name

Street Address

City

State

Zip

E-mail Address*

Phone Number

How much do you weigh?

What is your goal weight?

When in your life were you in ideal weight?

When you began to gain weight?

**Emotions in your life (: guilt, comfort,
etc...)?**

Do you enjoy:

- Sweet Foods
- Savoury Foods
- Fresh Fruits
- Fresh Vegetables
- Starchy Foods
- Fatty Foods

What suggestions do you feel would be most effective for helping you to achieve your goal weight?

- Stop overeating
- Stop snacking between meals
- Stop drinking alcohol
- Stop drinking sweet drinks
- Stop eating junk foods
- Exercise regularly
- Have more energy

Was food ever used as a reward for doing something good?

Did you ever eat to forget about something else?

Do you ever eat when you are not hungry?

If Yes, Please Give Example:

Do you ever eat to please someone else?

If Yes, Please Give Example:

Are you constantly thinking about the next meal?

Do you have any problematic relationships in your life at present?

If yes, please state with whom:

Do you exercise regularly?

If Yes, what do you do?

Are you currently taking any prescribed medication?

If yes, are you aware of any side effects from these that could cause weight gain?

Are you currently taking any diet pills or detox?

If yes, are you aware of any side effects from it?

METHOD OF PAYMENT:

Cash___Check_____

Visa/Master _____

Debt Card_____

Expiration Date_____

CVV_____

I understand that it is my responsibility to pay fee for these services for myself, my child or for my relative otherwise indicated. I am signing this with my full conscious and knowledge.

(Signature)

(Date)

Relationship with the patient if other than the patient or minor.