Bartels Medical Associates, PLLC

Medical Weight Control
204 Ashville Avenue Suite 50 Cary, North Carolina 27518
Telephone (919)233-6644 Facsimile (919)233-8344
www.bartelsmedical.com

Date:_____

Name: Home Phone:

Address: Office Phone:

Birthdate: Age: Height: (no shoes) Present Weight:

Desired Weight: Birth Weight: Weight at age 20: Weight 1 year ago:

Occupation: Physical Activity at Work:

Physical Activity at Home:

Sports and Athletic interests:

Describe any Medical Problems:

Past diets you followed-type?

Results?

Bartels Medical Associates, PLLC

Medical Weight Control
204 Ashville Avenue Suite 50 Cary, North Carolina 27518
Telephone (919)233-6644 Facsimile (919)233-8344
www.bartelsmedical.com

Food Allergies: Food Dislikes:

Other Allergies: Who plans meals? Cooks?

Shops? Shopping list used? How often do you eat out?

Do you drink alcohol? What? How much daily? Weekly?

Describe usual energy level: Foods you crave?

When? (time of day) Do you awaken hungry at night?

What do you do? What are your worst food habits?

Please describe your general health goals & the improvements you wish to make:

Bartels Medical Associates, PLLC

Medical Weight Control
204 Ashville Avenue Suite 50 Cary, North Carolina 27518
Telephone (919)233-6644 Facsimile (919)233-8344
www.bartelsmedical.com

Please turn over and complete back

Family Members (relationship)	State of Health	Overweight? No, Slight, Moderate, very

Typical Breakfast	Typical Lunch	Typical Dinner

Time Eaten:	Time Eaten:	Time Eaten:

Where: (Home, Café, etc.)	Where:	Where:

With Whom:	With Whom:	With Whom:

Snack Habits: What?	How Much?	When:

Why did you have each snack at the time? (hunger, boredom, coffee break, etc.) Please use your own words when answering this: