**CONTEMPORARY ACUPUNCTURE**
33 N. Waukegan Road, Suite 4
Lake Bluff, IL 60044

# BARIATRIC ASSESSMENT FORM

| | | | | | |
|---|---|---|---|---|---|
| Today's Date: | | | | | |
| **PATIENT INFORMATION** | | | | | |
| Last Name: First: Middle: | | | Marital Status: | | |
| Date of birth: / / | Age: | | Gender: Male Female | | |
| Social Security Number: | | | Email: | | |
| Street Address: | | Apt: | City: | State: | Zip: |
| Home Phone: | Cell Phone: | | Work Phone: | | |
| Occupation: | Employer: | | Employer Phone Number: | | |
| In Case of Emergency, Contact: | | Relationship: | Phone Number: | | |

| **MEDICAL HISTORY** | | | |
|---|---|---|---|
| **Do you or any family member have history of:** | | | |
| Diabetes | □ Yes □ No | Cancer | □ Yes □ No |
| High Blood Pressure | □ Yes □ No | Sleep Apnea | □ Yes □ No |
| High Cholesterol | □ Yes □ No | Arthritis | □ Yes □ No |
| Heart Disease | □ Yes □ No | Obesity | □ Yes □ No |
| Other | | | |

| **CURRENT MEDICATIONS** | |
|---|---|
| Please list all medications you are taking | |
| | |
| | |
| | |
| | |
| | |
| | |

| **VISIT INFORMATION** | | | |
|---|---|---|---|
| **Are you interested in information regarding:** | | | |
| Acupuncture | □ Yes □ No | AcuGraph Exam. | □ Yes □ No |
| Organic Supplements | □ Yes □ No | Energy Adjustments | □ Yes □ No |
| Electro-Acupuncture | □ Yes □ No | Herbal Formulas | □ Yes □ No |
| Homeopathy | □ Yes □ No | Exercise Program | □ Yes □ No |

PLEASE CONTINUE ON PAGE 2

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## WEIGHT HISTORY

| | | | |
|---|---|---|---|
| Height: | Current Weight: | Goal Weight: | |
| Heaviest Adult Weight: | When? | Lowest Adult: | When? |
| Do you have a history of? | | | |
| Anorexia □ Yes □ No | | | |
| Bulimia □ Yes □ No | | | |

## WEIGHT LOSS PROGRAMS

| Weight Loss Program | Dates | Weight Loss | Weight Gain | Supervised |
|---|---|---|---|---|
| Weight Watchers | | | | |
| Jenny Craig | | | | |
| Slim Fast | | | | |
| Special K | | | | |
| Atkins | | | | |
| Nutrisystem | | | | |
| Hospital Based Program | | | | |
| Diet Pills | | | | |
| Other | | | | |

## GENERAL NUTRITION HISTORY

**Do you currently exercise?** □ Yes □ No

If so, what is your routine?

**Do you have any food allergies/intolerances?** □ Yes □ No

If so, please list:

**Do you take supplements/vitamins?** □ Yes □ No

If so, please list:

**What would you like to achieve visiting this office?**

**Do you see any barriers to achieving this goal?**

**How often do you eat fast food?**

**How often do you eat at restaurants?**

**How often do you eat fried foods?**

**How often do you eat desserts (cookies, cake, candy, etc)?**

PLEASE CONTINUE ON PAGE 3

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| **Please check the items you add to food:** | | |
|---|---|---|
| Butter □ Yes □ No | Margerine □ Yes □ No | Salad Dressing □ Yes □ No |
| Oil □ Yes □ No | Mayonnaise □ Yes □ No | Other |
| **Please check the types of beverages you drink:** | | |
| Diet Soda/Tea □ Yes □ No | Water □ Yes □ No | Regular Soda/Tea □ Yes □ No |
| Energy Drink □ Yes □ No | Juice □ Yes □ No | Coffee □ Yes □ No |
| Ice Tea □ Yes □ No | Milk □ Yes □ No | Other |
| **How often do you consume alcholic beverages?** | | |
| What type? | | |
| **What types of foods do you crave?** | | |
| Do you eat fresh fruits and vegetables? □ Yes □ No | | |
| Do you eat cheese/yougurt/milk on a daily basis? □ Yes □ No | | |
| **What is the first item you consume each day?** | | |

## Office Policy and Financial Responsibility

Please read the following office policy. We would like for you to read and sign accordingly. Thank you for choosing "Contemporary Acupuncture".

**If you are not able to keep your appointment, please provide 1 (one) business day notice. Failure to provide appropriate notice will result in a standard fee for missed appointment. We understand that emergencies happen and will take into consideration before any charges are applied to your account.**

I have read the above policy.

Patient's Name: _____

Signature of patient: _____

Date signed: _____/_____/_____

"Contemporary Acupuncture" will make every attempt to ensure that you are seen in a timely manner.

Your provider: Dr. Ricky J. Colmer, Ph.D., L.Ac

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