

WEIGHT MANAGEMENT CENTER

A Program of The Jewish Hospitals of Cincinnati

6350 E. Galbraith Road • Cincinnati, Ohio 45236 • (513) 686-6820 Fax (513) 686-6819

U-Turn Required

MEDICAL INFORMATION

NAME _____ DATE _____

Height _____ Weight _____

Do you have, or have you had any of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Constipation, frequent? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Crohn's Disease, Colitis | <input type="checkbox"/> Chest Pain or Angina |
| <input type="checkbox"/> Hernia, what kind? _____ | <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> Bowl Incontinence | <input type="checkbox"/> Heart Attack, when? _____ |
| <input type="checkbox"/> Bladder (urine) Incontinence | <input type="checkbox"/> Emphysema, Asthma |
| <input type="checkbox"/> Headaches, frequency _____ | <input type="checkbox"/> Sleep Apnea, CPAP _____ Bipap _____ |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Heartburn, Indigestion |
| <input type="checkbox"/> Ulcers, when? _____ | <input type="checkbox"/> Arthritis, Joint Pain |
| <input type="checkbox"/> Gallbladder Trouble | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diarrhea, frequent? Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Cancer, what kind? _____ | _____ |

Surgeries, include date _____

Allergies Are you allergic to any drug, food, or substance? If yes, what happens when you take/are exposed to it? (example: penicillin--> get rash)

Do you use any tobacco products? _____

If yes, how often and what year did you start use? _____

Do you drink any beverages containing alcohol? _____

If yes, what and how much per week? _____

Did you take phentermine or the combination of phentermine and fenfluramine (phen/fen) for weight loss?

Yes No If yes, how long did you use these drugs? _____

A Way To Manage Weight That Is A Way Of Life