

MEDICAL HISTORY

Please take a few minutes to answer these relevant medical questions.

1: Do you have diabetes, high blood pressure or any form of heart disease?

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2: Has your weight always been higher than it should be or is this a recent development?

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3: Have you ever had surgery or any operations?

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4: Have you ever been hospitalized? If so, when, for what and for how long?

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5: Are you allergic to any medications or foods?

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6: Do you take any prescription medication?

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If so, for what reason, for how long and with what results (or side-effects)?
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7: Primary Medical Physician

8: I give NWSA/PAD permission to send periodic updates to my Primary Care Physician regarding my progress in the program yes no

9: Primary Medical Physician Address Phone