HENRY FORD WEIGHT MANAGEMENT PROGRAM

Your initials_____

In order for us to process your enrollment form quickly and accurately, please print legibly and be sure to complete the entire form prior to the orientation meeting. If you are unsure of what to do please ask for assistance from a staff member at the orientation.

(circle one)
Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

(circle one)
Male | Female DOB: ____/____/_____ E-Mail Address: _____

Address (include apartment or unit #):_____

City: _____ State (Province): _____

Zip (Postal Code): _____ Country: _____

Primary Phone (include area code): _____Other Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Primary Physician: _____ Physician Phone: _____

Location where physician is seen:_____

In order to have access to the web site and program support features you must select a unique username and password, as well as a reminder question and answer in case you lose your password.

*Your **Username** can contain alpha-numeric characters only (no special characters) and your **Password** should not be something easily guessed (but something easily remembered).*

Username: _____ Password: _____

Choose one of the following **Reminder Questions** by placing a checkmark in the appropriate box:

- ☐ What is your mother's maiden name?
- ☐ What was the name of your first pet?
- ☐ Whom do you most admire?
- ☐ What elementary school did you attend?

Record your answer here: _____

In accordance with the NOTICE OF PRIVACY PRACTICES at Henry Ford Hospital, this notice informs you that the Henry Ford Weight Management Program will share the information contained in this document and other information gathered during your participation in the Weight Management Program with the company betterMD.net, Inc. By signing below you are indicating that you previously read the above stated notice and are fully aware of, and will allow, the sharing of your weight management related information with betterMD.net, Inc.

Signature: _____ Date: _____

Completed by Staff Current Weight (lbs.): _____ Current Height (inches): _____

Follow-up appointment location: Second Avenue / Livonia / Other HFHS: _____

RD appointment date & time: _____ RD:_____

Current physician referral: Yes / No VLCD approved: Yes / No

Diet preference: VLCD / Combo Plan / Grocery Store

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Marital Status (circle one): single | married | widowed | divorced Number of people in household: _____

Occupation: _____ Typical shift:_____

Number of working days per week: _____ Average number of hours per work day: _____

How many days per week do you participate in planned exercise like walking, biking or swimming? _____

If you do participate in planned exercise, how many minutes might you spend each time? _____

What was your weight at age 18? _____ Highest adult weight? _____ Lowest adult weight? _____

If you could weigh whatever you wanted, what would your "dream weight" be? _____

What weight do you have in mind to achieve as your "goal weight" through this program? _____

Please list two reasons that you have decided to lose weight:

1. _____ 2. _____

Please list the factors you feel have contributed to your current weight (check all that apply):

- ☐ Weight gain following an injury
- ☐ Pregnancy
- ☐ Poor food choices
- ☐ Stress related eating
- ☐ Slow metabolism
- ☐ Lack of exercise
- ☐ Binge eating
- ☐ Late night snacking
- ☐ Other (please list): _____

Please indicate which methods you have used to lose weight in the past (check all that apply):

- ☐ Low carb diet (Atkin's/South Beach)
- ☐ Weight Watchers™
- ☐ TOPS™
- ☐ Jenny Craig™
- ☐ Nutri-System™
- ☐ VLCD (hospital or clinic based)
- ☐ Exercise alone
- ☐ Self-directed diet
- ☐ Herbalife™
- ☐ Metabolife™
- ☐ Surgery (stapling)
- ☐ Surgery (bypass)
- ☐ Other (please list): _____

List any food allergies: _____

Do you have a history of: (choose all that apply)

Anorexia	☐ Never	☐ Past	☐ Present
Bulemia	☐ Never	☐ Past	☐ Present
Binge eating	☐ Never	☐ Past	☐ Present
Incest/sexual abuse	☐ Never	☐ Past	☐ Present

Do you use alcohol? (choose one):
☐ Never ☐ Quit drinking ☐ Less than 3 drinks/week ☐ Up to 14 drinks/week ☐ More than 14 drinks/week