

**Please complete the weight loss record and fill in all areas that apply. If you do not remember dates & weights, please estimate.**

| Supervised Weight Loss Attempts                    | Month/year Attended Program | Beginning Weight | Amount of Weight lost | How long did you attend the program? |
|--|-----------------------------|------------------|-----------------------|--------------------------------------|
| Diet Centers                                       |                             |                  |                       |                                      |
| Dietitian Counseling                               |                             |                  |                       |                                      |
| Jenny Craig  |                             |                  |                       |                                      |
| LA Weight Loss Centers                             |                             |                  |                       |                                      |
| Low calorie diets (list here)                      |                             |                  |                       |                                      |
| Medical Weight Loss Systems                        |                             |                  |                       |                                      |
| NutriSystem  |                             |                  |                       |                                      |
| Optifast   |                             |                  |                       |                                      |
| Overeaters Anonymous                               |                             |                  |                       |                                      |
| Physician Monitored Diet                           |                             |                  |                       |                                      |
| Physician prescribed weight loss pills (list here) |                             |                  |                       |                                      |
| Physician's Weight Loss Center                     |                             |                  |                       |                                      |
| TOPS   |                             |                  |                       |                                      |
| Weight Watchers                                    |                             |                  |                       |                                      |
| Other (list here)                                  |                             |                  |                       |                                      |
| Other (list here)                                  |                             |                  |                       |                                      |

**Please complete the weight loss record and fill in all areas that apply. If you do not remember dates & weights, please estimate.**

| Non-supervised Weight Loss Attempts                                      | Month/year Attended Program | Beginning Weight | Amount of Weight lost | How long did you attend the program? |
|--|-----------------------------|------------------|-----------------------|--------------------------------------|
| Fad Diets (list here, e.g. South Beach Diet, Atkins, Carb Busters, etc.) |                             |                  |                       |                                      |
| Fad Diets (list here, e.g. South Beach Diet, Atkins, Carb Busters, etc.) |                             |                  |                       |                                      |
| Liquid Diets (list here, e.g. Body Solutions, Cabbage Soup diet, etc.)   |                             |                  |                       |                                      |
| Low calorie Diets (list here)  |                             |                  |                       |                                      |
| Over the counter medication (list here, e.g. Dexatrim, Acutrim, etc.)    |                             |                  |                       |                                      |
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| Other (list here)  |                             |                  |                       |                                      |
| Other (list here)  |                             |                  |                       |                                      |
| Acupuncture  |                             |                  |                       |                                      |
| Hypnosis   |                             |                  |                       |                                      |
| Jaw Wiring   |                             |                  |                       |                                      |