Weight Management Expectations Questionnaire

This form has been designed to assist you and your healthcare team in understanding your health, nutrition, and weight goals/expectations. Please answer the questions below, and together, you and your physician can review what can be accomplished through the weight loss program at the Center for Medical Weight Loss.

1. How did you hear about the **Center for Medical Weight Loss** (please circle all that apply) N&O, magazine, radio, web search, mdbethin.com, family, friend, doctor, driving by, or other (please list)? ____________________________


3. What will be your reaction if you do not meet the above weight loss expectations? __________________________________________________________________________

4. At certain times in a weight loss program, weight loss often slows down or even stops for a few weeks, what will be your reaction to this? ____________________________

5. List the reasons you are looking to lose weight? ________________________________________________

6. Will your weight loss pose a threat to your relationships with significant people in your life? _________ If yes, how? ____________________________

7. Will you be able to handle compliments from others about how you look when you are losing weight? ____________________________

8. What personal changes do you expect to occur after losing weight? ____________________________

9. What will happen if some of your expectations do not come true? ____________________________

10. What do you expect to have to do to maintain your weight loss? ____________________________

11. Will you continue to follow a healthy eating plan? _______ Exercise plan? _______

12. Continue with professional medical monitoring? _____ For how long? _______

13. What are your expectations of the medical team at the **Center for Medical Weight Loss**? ___________________________________________


Thank you for completing the questionnaire

Patient’s Name: ____________________________ Email: ____________________________ Date: __________