

# WILLOW HYPNOSIS



## Weight Input Form

Name \_\_\_\_\_ Date \_\_\_\_\_

How much do you weigh today? \_\_\_\_\_

When did you start gaining weight? \_\_\_\_\_

Was there a specific incident that caused you to start gaining weight? \_\_\_\_\_

Are your parents heavy? Are your sibling heavy? \_\_\_\_\_

Approximately how much weight would you like to lose? \_\_\_\_\_

What is the primary reason you'd like to lose the weight? \_\_\_\_\_

How many times a week do you exercise and for how long? \_\_\_\_\_

What do you do for exercise? \_\_\_\_\_

How many times a day do you eat? \_\_\_\_\_

What does your typical meal consist of?

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

What time of day do you typically eat the most? \_\_\_\_\_

Any Binging? \_\_\_\_\_ On what? \_\_\_\_\_

What things in life will set off a \_\_\_\_\_ binge? \_\_\_\_\_

Primary Cravings? Sweet \_\_\_\_\_ Carb \_\_\_\_\_ Salt \_\_\_\_\_ Crunch \_\_\_\_\_

How much processed food do you eat? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What is your least favorite food? The food that makes you gag? \_\_\_\_\_

How much caffeine? \_\_\_\_\_ How much alcohol? \_\_\_\_\_

How much water or other hydrating liquids do you consume on a daily basis? \_\_\_\_\_

Average Amt. of Sleep per night? \_\_\_\_\_

Stress Levels on Average? \_\_\_\_\_

Medications? \_\_\_\_\_ Antibiotics? \_\_\_\_\_

Birth Control? \_\_\_\_\_ Hormone Replacement? \_\_\_\_\_

Are you under any specific dietary restriction/instructions from your physician?