

Joplin Urgent Care

office: (417) 782-4300

2700 N Rangeline Rd # 100, Joplin, MO 64801

Patient Name: _____

Cell #: _____

Address: _____

Text Remind OK: Yes No

City: _____ State: _____ ZIP: _____

Alt Phone #: _____

Current Age: _____

DOB: _____

SSN: _____

Have you ever taken Phentermine before? If so, what dosage?

Who referred you to our clinic? _____

How did you learn about us?

Facebook

Website

Google

Online Ad

Other

Weight History:

1. When did you first notice you might be overweight? Age: _____

2. What is your goal weight? _____ Height: _____

3. Have you tried other diets? If so, please list types of plans below:

4. Do you exercise regularly? Yes No If Yes, please describe below:

5. Below list all foods and beverages you like to consume on a regular basis.

Example: Lunch—Cheeseburger, fries, Coke, bowl of chili, burrito, two slices of pizza.

a. Breakfast: _____

b. Lunch: _____

c. Dinner: _____

6. From question #5, pick a typical meal from each category.

Example: Lunch—Cheeseburger, fries and coke.

a. Breakfast: _____

b. Lunch: _____

c. Dinner: _____

7. What time of day do you usually snack? _____

Patient Name: _____

1. List all past and current medical problems:

2. List all previous surgical procedures:

3. List all current medications:

4. List all allergies to medications:

5. List all known medical problems within your immediate family:

6. Do you consume alcoholic beverages? Yes No

7. Do you use tobacco? Yes No

8. Have you ever suffered from (check all that apply):

- | | | |
|------------------|---------------|---------------------|
| Depression | Diabetes | Gallstones |
| Enlarged thyroid | Heart Disease | High blood pressure |
| Liver disease | Headaches | Stroke |

9. Are you pregnant/nursing? Yes No Last Menstruation Date (Approx):

10. Occupation: _____

11. Regular family physician:

Name: _____
City: _____
Phone: _____