



Name: _____

Today's Date: _____

1. **Currently Attending:** FT GOT SOT ICC CM HT BGP

2. **What is your current dietary plan?**

- Full Formula
- Modified Full Formula (5 MR + food)
- Partial Formula (4 MR + 1 meal)
- Partial Formula (3 MR + 2 meals)
- Partial Formula (2 MR + 3 meals)
- Less than 2 MR/day & mostly food
- Full Food
- Maintenance
- _____

4. **List any medical problems you have had since your last visit:**

5. **Describe any problems adhering to the prescribed diet:** _____

6. **How many days this week did you exercise?**

- Walk Cycle Strength Curves
- Swim Yoga Elliptical Other _____

3. **Calories per Day**

<input type="checkbox"/> 800-1000 kcal	<input type="checkbox"/> 1800-2000 kcal
<input type="checkbox"/> 1000-1200 kcal	<input type="checkbox"/> 2000-2500 kcal
<input type="checkbox"/> 1200-1400 kcal	<input type="checkbox"/> 2500+ kcal
<input type="checkbox"/> 1400-1600 kcal	<input type="checkbox"/> Unspecified Calories
<input type="checkbox"/> 1600-1800 kcal	

7. **Grade yourself on the accuracy of your food records (i.e. timeliness, completeness):**

- A B C D F

8. **% of time you wore your pedometer:**

- 100% 75% 50% 25% 0%

9. **Mark any weight loss medication you are using:**

- None Phentermine Tenuate
- Byetta Topamax Other

10. **Did you drink your recommended fluids? (Minimum 8-10 (8-oz) glasses/day)?** Yes No

11. **Do you want to discuss modification of your current dietary plan?** Yes No

12. **Do you need a few minutes with the instructor after class today?** Yes No

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Number of LIQUID Meal Replacements							
Number of SOLID Meal Replacements							
TOTAL CALORIES eaten for the day							
Calories Expended from EXERCISE							
Number of STEPS (pedometer)							

Weight	Weight Change	Blood Pressure (sitting)

FACILITATOR: _____

Facilitator Note: