

*Please complete and bring to your Outpatient appointment.*

## NUFFIELD HOSPITAL DERBY

### PERSONAL DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: \_\_\_\_\_ DoB: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

GP Details: \_\_\_\_\_

### OTHER MEDICAL SPECIALISTS:

	Name	Speciality
1.		
2.		
3.		

How did you hear about this service? \_\_\_\_\_

Current Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_ (best estimate)

Do you suffer from snoring or sleep apnoea? Give details. \_\_\_\_\_

\_\_\_\_\_

### SUPPORT NETWORK

	Name	Relationship
1.		
2.		
3.		
4.		
5.		

## **LIFESTYLE**

### ***ALCOHOL***

How many units per week? \_\_\_\_\_

(1 unit = ½ pint normal strength beer/cider, 125ml glass of wine or 25ml measure of spirit)

### ***SMOKING***

How many per day? \_\_\_\_\_

### ***ACTIVITY (e.g. swimming, walking)***

How many times per week? \_\_\_\_\_

### ***DIET***

How many meals per day do you eat? \_\_\_\_\_

Who buys the food? \_\_\_\_\_

Who does the cooking? \_\_\_\_\_

#### ***How often do you:***

Eat high fat food? \_\_\_\_\_

Eat high sugar food? \_\_\_\_\_

Eat takeaways? \_\_\_\_\_

Snack between meals? \_\_\_\_\_

Comfort eat? \_\_\_\_\_

Binge eat? \_\_\_\_\_

## DIETARY INTERVENTIONS

Name	Length of Time	Weight Loss
Weight Watchers		
Slimming World		
Rosemary Connelly		
Dietician		
Special weight loss clinic		
Meal replacement (e.g. Slimfast)		
Restrictive diets (e.g. Atkins)		
Medication (Xenical, Reductil, non-prescription)		
Hypnosis		
Acupuncture		
Behavioural therapy		
Jaws wires		
Other (specify)		

How much weight do you expect to lose with this treatment? \_\_\_\_\_

\_\_\_\_\_