



Weight loss checklist

Personal Information:

Name: _____

Age: _____

Gender: _____

Contact Information (Email/Phone): _____

Current Health Status: _____

Height: _____

Current Weight: _____

Body Mass Index (if known): _____

Any existing medical conditions (e.g., diabetes, hypertension, etc.): _____

Any current medications: _____

Dietary Habits:

Describe your typical daily diet: _____

Do you have any dietary restrictions or preferences (e.g., vegetarian, vegan, gluten-free)?



How often do you eat out or order takeout? _____

How much water do you typically consume daily? _____

Physical Activity:

Describe your current exercise routine (if any): _____

How many days per week do you exercise? _____

What types of physical activities do you enjoy? _____

Weight Loss Goals:

What is your primary motivation for wanting to lose weight?

What are your short-term and long-term weight loss goals?

Are you aiming for a specific target weight or clothing size?

Previous Weight Loss Attempts: _____

Have you tried to lose weight in the past? If yes, please describe your experience and any challenges you faced:

What strategies have worked for you in the past, if any?



Support System:

Do you have a support system (family, friends, etc.) to help you with your weight loss journey?

Are there any specific challenges you anticipate in sticking to a weight loss plan?

Additional Comments/Concerns:

Is there anything else you'd like to share about your weight loss journey, concerns, or preferences?

Signature

Date