

New Client Questionnaire
(Evaluation for Weight Loss Surgery)

Name: _____ Today's Date: _____
Address: _____ Phone #: _____
DOB: _____ Social Security #: _____
Tentative surgery date: _____ Type of surgery: _____

May I ask how you heard of me and may I thank him/her for referring you to my office?

Have you received any counseling before or been on psychiatric medications?

If yes, what type of services and what type of medications (Please include date you started and stopped the medications)? _____

When and where did you receive service(s)? _____

Have you ever been treated for depression and/or anxiety? _____

What did you find most helpful in therapy (and/or medications)?

What did you find least helpful in therapy (and/or medications)?

As you see it, what is bothering you most right now?

How would you like to change things?

What do you do to help you feel better?

What was the happiest time of your life?

What was the worst time of your life?

What led you to decide to have weight loss surgery at this time?

Ideally, what would you like to get from weight loss surgery? How much weight would you like to lose? _____

What kind of food issues and weight problems do you think you have?

What habits do you want to change?

Do you ever find yourself eating when not hungry? _____

Do you sometimes feel out of control with food? _____

Have you binged on food in the past? If yes, please describe

What do you do after a food binge and how do you feel about yourself (e.g. fast, diet, exercise, vomit?) _____

Do you crave or binge on certain types of foods at, certain times of the day? If yes, please describe: _____

What is your plan for coping with stress after the surgery?

What is your plan for coping for coping with food cravings and how will you manage the emotions that will surface once you are no longer able to fill the internal void with food?

How do you feel about your body? _____

When do you feel satisfied with yourself (Are you ever satisfied with yourself?)

Have you engaged in an exercise program recently? If yes, please describe: _____

What type of physical activities do you enjoy doing? Please describe: _____

Please add any additional information which you feel may be important for me to know.

Thank you for taking the time to complete this questionnaire.

Your Name (please print)

Your Signature

Date

Office address: 22 Douglas Ave. Hamilton, NJ 08619 (entrance on the right side of the house)