



**Alberta Homeopathic**  
Medical Clinic  
a life line to better health

**Dr. Danny Thomas BSc, DMS, HD**  
Doctor of Homeopathic Medicine  
Private Practice in Integrative Bioregulatory Medicine

## **Weight Management Assessment**

This form will help guide our session(s) together. Please give yourself time to fill it out as completely as possible.

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

Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

Have you always had a hard time managing your weight? Or is this a more recent challenge? Explain:

What have you tried in the past? \_\_\_\_\_

What is motivating you to manage your weight? \_\_\_\_\_

How will you feel when you reach your target weight? \_\_\_\_\_

Do you have any upcoming stresses, events, vacations, or occasions that might make changing your habits challenging? \_\_\_\_\_

Check all medical conditions that apply:  high blood pressure,  high cholesterol,  diabetes  hypoglycemia  other weight-related health concerns: \_\_\_\_\_

Have you ever been diagnosed with an eating disorder? If so, please explain: \_\_\_\_\_

Check all that apply. *I usually treat myself to a snack or a meal whenever I need...*  love,  comfort,  a reward,  companionship,  something to do,  a change in my activity  to relax,  to feel secure,  to compensate for something unpleasant

Check all that apply. *I usually eat when I am...*  hungry,  nervous,  sad,  bored,  stressed,  happy,  sad,  lonely,  frustrated,  afraid,  other: \_\_\_\_\_

Check all that apply. *I usually snack ...*  while working,  while watching TV,  while reading,  during breaks,  while socializing,  after dinner,  in bed,  other: \_\_\_\_\_

Check all that apply.  Food equals love.  If you care about someone, you feed them.  It is disrespectful not to eat food that is offered.  Leaving food on the plate is wasteful.  I don't have time to eat properly.  A meal isn't complete without dessert.  I don't have time to exercise.

**Do you eat breakfast?** (Be sure to address both your weekday and your weekend habits below.)

Yes. What do you typically eat and drink at breakfast? \_\_\_\_\_

No. Explain. \_\_\_\_\_

Sometimes. Explain. \_\_\_\_\_

Do you tend to overeat at breakfast?  Yes.  No. \_\_\_\_\_

Are there changes you would like to make regarding your breakfast-eating habits? If so, what is your goal? \_\_\_\_\_

What challenges might prevent you from making these changes? \_\_\_\_\_

What do you need to do to overcome these challenges? \_\_\_\_\_

What is the benefit will you gain from having the breakfast-eating habits you desire? \_\_\_\_\_

**Do you eat lunch?** (Be sure to address both your weekday and your weekend habits below.)

Yes. What do you typically eat and drink at lunch? \_\_\_\_\_

No. Explain. \_\_\_\_\_

Sometimes. Explain. \_\_\_\_\_

Do you tend to overeat at lunch?  Yes. Explain: \_\_\_\_\_  No.

Are there changes you would like to make regarding your lunch-eating habits? If so, what is your goal?

What challenges might prevent you from making these changes? \_\_\_\_\_

What do you need to do to overcome these challenges? \_\_\_\_\_

What is the benefit will you gain from having the lunch-eating habits you desire? \_\_\_\_\_

**Do you eat dinner?** (Be sure to address both your weekday and your weekend habits below.)

Yes. What do you eat and drink at dinner? \_\_\_\_\_

No. Explain. \_\_\_\_\_

Sometimes. Explain. \_\_\_\_\_

Do you tend to overeat at dinner?  Yes.  No. \_\_\_\_\_

Are there changes you would like to make regarding your dinner-eating habits? If so, what is your goal? \_\_\_\_\_

What challenges might prevent you from making these changes? \_\_\_\_\_

What do you need to do to overcome these challenges?

What is the benefit will you gain from having the dinner-eating habits you desire? \_\_\_\_\_

**Do you have a sweet tooth?**  Yes  No  Sometimes

How often do you eat sweets and desserts?  on occasion,  every day,  more than once a day

When do you typically eat sweets and desserts? \_\_\_\_\_

Do you have a weakness for specific sweets and desserts? List them: \_\_\_\_\_

A realistic goal for consumption of sweets and desserts: \_\_\_\_\_

**Do you overindulge in unhealthy snacks besides sweets?**  Yes   
No  Sometimes

When do you typically snack? \_\_\_\_\_

Do you have a weakness for specific unhealthy snacks? List them: \_\_\_\_\_

Realistic goal(s) for unhealthy snack consumption: \_\_\_\_\_

List healthy snacks that you enjoy: \_\_\_\_\_

**What beverages do you often drink?**  soda,  diet soda,  coffee,   
specialty coffee drinks,  tea,  water,  sparkling water,  juice,   
smoothies,  beer,  wine,  cocktails,  spirits,  other: \_\_\_\_\_

Are you concerned that your beverage consumption may contribute to weight gain? \_\_\_\_\_

Do you feel you drink enough water every day?  Yes  No

A realistic goal for beverage consumption: \_\_\_\_\_

**How often do you exercise?**  never to hardly ever  1-2 times a week  
 2-3 times a week  3-4 times a week  4-5 times a week  more  
than 5 times a week

What kind of exercise do you do? \_\_\_\_\_

