



## RE-START INFORMATION

DATE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

APT \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ SOCIAL SEC. \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMER. CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DO WE HAVE YOUR PERMISSION TO CONTACT YOU? BY

E-MAIL \_\_\_\_\_, BY MAIL \_\_\_\_\_

BY PHONE \_\_\_\_\_

DESCRIBE ANY CHANGES IN YOUR MEDICAL HISTORY

\_\_\_\_\_

LIST ANY MEDICAL CONDITION THAT YOU MAY HAVE

\_\_\_\_\_

LIST ALL MEDICATIONS THAT YOU ARE TAKING

\_\_\_\_\_

HAVE YOU BEEN ON ANY DIET SINCE YOUR LAST VISIT? \_\_\_\_\_, IF YES, PLEASE DESCRIBE

\_\_\_\_\_

HAVE YOU GAIN WEIGHT SINCE YOUR LAST VISIT? \_\_\_\_\_, IF YES, HOW MUCH? \_\_\_\_\_  
ADDITIONAL COMMENTS

\_\_\_\_\_

Would you like to receive emails or letters with our diet program updates, specials etc.? \_\_\_\_\_  
If "YES", you may notify us at any time if you wish to be removed from our mailing list.