

This office is concerned about the rising weight related health problems, but we do not wish to offend anyone. Therefore, do you permit the Doctor to discuss weight related issues?

YES, I would like to discuss weight related health problems with the Doctor.

NO, I would not like to discuss weight related health problems at this time.

If yes, then proceed with answering the following questions.

	YES	NO
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have menstrual problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems getting pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems sleeping, heavy snoring?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of obesity (>200lbs)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in good health?	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____