

Make Peace with Food Support Group Application Form

Please fill in the information below and bring it with you to your first session.
Please note: information provided on this form is protected as confidential information.

Personal Information

Name: Date:

Parent / Legal Guardian (if under 18):

Address:
.....

Home Phone: Cell Phone:

Email:
**Please note: Email correspondence is not considered to be a confidential medium of communication.*

1. Why do you want to lose weight?

2. What have you tried to do to lose weight in the past?

3. Why did your weight loss attempts not work?

4. What are 2 things in your life today, you could do that would help you lose weight?

5. Do you exercise? If yes, how much?

6. What is your relationship with exercise?

7. How much weight do you want to lose? What is your goal?

8. What do you think your life will be like if you lose weight?

9. Are you willing to lose weight very slowly ½ lbs. to 1 lbs. per week?