



Congratulations on continuing toward your weight loss goals! Please take a few minutes and answer the questions below. We will see you shortly for your follow up assessment.

Have you had any problems / concerns since your last appointment? Y / N

Describe:

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Have you experienced any of the following since your last appointment (circle any that apply):

Dizziness, lightheaded, difficult thought processes (“foggy” feeling), excessive thirst, inability to sleep, depressed mood, anxiety, jittery, excessive fatigue, severe hunger.

Other: \_\_\_\_\_

Since your last appointment, please rate your ability to follow the HCG program:

Taking the HCG drops:	Easy	Forgot Sometimes	Difficult
Low Calorie Diet:	Easy	Didn't Follow A Few Times	Difficult

For women:

Is there any reason to believe that you are pregnant? Y / N

Just a reminder, you will need to discontinue the use of HCG during your menstrual cycle, but continue with the low calorie diet. If you have questions about this, please ask.

Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_