



Oakwood®  
We specialize. In you.

Oakwood Bariatric Options  
Weight Loss Program Application

Program: Winter/Spring/Summer/Fall

Morning/Evening

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary phone number: ( ) \_\_\_\_\_ Primary Physician: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ How did you hear of our program? \_\_\_\_\_

Please Circle any Diagnosis related to your *Personal* Past Medical History:

Hypertension    Diabetes    Coronary Artery Disease    Sleep Apnea    Other Arthrosclerosis

High LDL Cholesterol    Low HDL Cholesterol    Impaired Fasting Glucose

Do you have a family history of *pre-mature* Cardiovascular Disease?    YES    NO

Do you currently smoke?    YES    NO

Are you a Male older than 45 years of age or a Female older than 55 years of age?    YES    NO

Are you currently taking any medication for weight loss?    YES    NO

Current Height: \_\_\_\_ ft. \_\_\_\_ in.    Current Weight: \_\_\_\_\_ lbs.

What are your reasons for wanting to lose weight? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What other attempts at weight loss have you tried? \_\_\_\_\_

\_\_\_\_\_

What is most difficult for you when following a diet and exercise plan? \_\_\_\_\_

Do you feel you have enough time to dedicate to diet and exercising?    YES    NO

Are there any potential barriers that would limit your ability to follow a weight loss program?    YES    NO

What are your personal weight loss goals? \_\_\_\_\_

\_\_\_\_\_

For office use only: physician permission required?    Yes/No

Permission received    Yes/No    Lab work?    Yes/No

***This information is kept confidential***

Please return completed forms to:

18181 Oakwood Blvd-MOB, Ste. 204, Dearborn, MI 48124

(313) 982-5288-phone; (313) 996-7290-fax