

## EXTENDED PATIENT INFORMATION

NAME: \_\_\_\_\_

CLINIC: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

FAX: \_\_\_\_\_

- Do you work out?

\_\_\_\_(Yes) a. \_\_\_\_ home gym?  
b. \_\_\_\_ health club?  
c. \_\_\_\_ fitness video?  
d. \_\_\_\_ other

\_\_\_\_(No) If no, what recreation/activity do you do on a regular basis? \_\_\_\_\_

- Do you eat at home, or eat out more? \_\_\_\_ (eat out) \_\_\_\_ (eat at home)
- Do you find restaurants have a "healthier" selection? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Would a "healthy" menu appeal to you? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Do you go to the health food store? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Do you take herbal supplements? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Would you have an objection to Transformations emailing you "healthy" recipes and "health" tips from time to time? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Once you've reached a portion of your goal weight, would you be interested in being on Transformations "honorary" radio personality list? \_\_\_\_ (Yes) \_\_\_\_ (No)
- Would you be interested in a group "motivational" session? \_\_\_\_ (Yes) \_\_\_\_ (No)
- What radio station do you listen to? \_\_\_\_\_