

WEIGHT LOSS/DIET HISTORY

Name: _____ DOB: _____

DATE (YEAR)	DIET/PROGRAM/MEDICATION	START DATE	END DATE	LBS LOST	LBS REGAINED
2015					
2016					
2017					
2018					
2019 - PRESENT					

*** PLEASE INCLUDE AT LEAST ONE ENTRY FOR EACH YEAR LISTED. FAILURE TO COMPLETE THIS WEIGHT LOSS/DIET HISTORY IN ITS ENTIRETY WILL RESULT IN A DENIAL FROM YOUR INSURANCE COMPANY.**

* PLEASE INCLUDE ANY/ALL WEIGHT LOSS ATTEMPTS YOU HAVE ATTEMPTED WITHIN THIS TIME FRAME. (WEIGHT WATCHERS, JENNY CRAIG, LOW-CALORIE, LOW-CARBOHYDRATE, CUTTING OUT SWEETS/SODA ETC.)

* INCLUDE EXERCISE.

* SYNERGY BARIATRICS IS NOT RESPONSIBLE FOR INSURANCE COMPANY DENIALS DUE TO INCOMPLETE WEIGHT LOSS/DIET HISTORIES.