

A · N · N · I · S · T · O · N  
**GENERAL SURGERY CENTER**

*Committed to providing you state-of-the-art care*

1901 Leighton Avenue, Anniston, AL 36207 | (256) 240-9660 | Fax: (256) 240-9636 | www.AnnistonGeneralSurgery.com

### Diet History Form

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

Type of weight loss program	Number of times tried	How long did you follow this plan?	What year(s) did you follow this plan?
Weight Watchers			
Physician Supervised			
Tops			
Overeaters Anonymous			
Prescription Pills			
Behavior Modification			
Psychotherapy (Group or Individual)			
Unsupervised Diets (Slim Fast, Calorie counting, etc...)			
Other			

Your present weight: \_\_\_\_\_ How long have you been at this weight? \_\_\_\_\_

Please list your weight for the past two years: \_\_\_\_\_ Height: \_\_\_\_\_

Please list any medical problems you have due to obesity: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Please complete and bring with you to your first appointment