

Welcome to Dr. Quinn Weight Loss! We're so excited to help you on your weight loss journey! We understand that seemingly small issues can have a profound impact on your overall quality of life and we are committed to offering specialized services that help our patients feel their very best. To help us get to know you better, please answer the following questions. Put a check next to things that apply to you and write in the answers where applicable.

Patient Name: _____

DIET

Dietary restrictions. If so: _____
 Emotional eating

Name 3 of the biggest factors that affect your eating habits:

1. _____
2. _____
3. _____

Any additional comments or concerns:

HAIR, SKIN & NAILS

Dry skin Wrinkles
 Thinning hair Brittle nails
 Uneven skin tone

Any additional comments or concerns:

PHYSICAL ACTIVITY

What type of physical activity do you enjoy doing? _____

Are there any barriers you feel that prevent you from being physically active?

Any additional comments or concerns:

WOMEN'S HEALTH

Leaking urine
 Painful intercourse
 Vaginal dryness
 Less frequent orgasms

MEN'S HEALTH

Difficulty achieving an erection
 Difficulty maintaining an erection
 Premature ejaculation

Any additional comments or concerns:

SOCIAL

What is your biggest motivating factor to lose weight? _____

Do you feel that you have a good support system? _____

Any additional comments or concerns:

MENTAL HEALTH

Low energy
 Diminished motivation
 Decreased sexual drive/libido

Any additional comments or concerns:

ARE YOU INTERESTED IN HEARING ABOUT ANY OF OUR OTHER SERVICES?

- | | |
|--|--|
| <input type="checkbox"/> Hormone Replacement Therapy | <input type="checkbox"/> Ketamine Therapy |
| <input type="checkbox"/> Botox, Fillers, or Microneedling | <input type="checkbox"/> Peptide Therapy |
| <input type="checkbox"/> PRP treatments (facials, joints, hair restoration, etc.) | <input type="checkbox"/> Exosome Therapy |
| <input type="checkbox"/> Gainswave (erectile dysfunction, performance enhancement) | <input type="checkbox"/> IV Therapy |
| <input type="checkbox"/> Viveve (sexual dysfunction, urinary incontinence) | <input type="checkbox"/> Stem Cell Therapy |
| <input type="checkbox"/> O-Shot or P- shot | <input type="checkbox"/> Telemedicine |