DIET HISTORY

DATE

NAME

ADDRESS
STREET

CITY STATE ZIP

YEAR	AGE	NAME OF DIET/ MEDICATION	TIME ON DIET/ MEDICATION	WEIGHT AT START	WEIGHT LOST	DOCTOR OR DIETICIAN SUPERVISED?	WEIGHT REGAINED	REASON FOR DISCONTINUING
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	
						YES / NO	YES / NO	

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