

NAME: _____ DOB: ____/____/____



Division of Bariatric Surgery

EXERCISE WEIGHT LOSS ATTEMPTS

*At least 2 attempts must be documented

PROGRAM	STARTING DATE	ENDING DATE	STARTING WEIGHT	ENDING WEIGHT
Aerobics				
Bicycling				
Dancing				
Fitness Class				
Gym/Fitness Center				
Home Equipment				
Jogging				
Swimming				
Personal Trainer				
Walking				
Water Aerobics				
Weight Training				
Workout Videos				
Other: _____				

NAME: _____ DOB: _____ / _____ / _____



Division of Bariatric Surgery

DIETARY WEIGHT LOSS ATTEMPTS

*At least 2 attempts must be documented

PROGRAM	STARTING DATE	ENDING DATE	STARTING WEIGHT	ENDING WEIGHT
Atkins				
Behavior Modification				
Herbalife				
Jenny Craig				
Keto				
Low Fat				
Medi-Fast				
Medi-Life				
Nutri-System				
Nutritionist				
Opti-fast				
Physician Supervised				
Reduced Calorie				
Slim Fast				
Slim for Life				
Weight Watchers				
Other: _____				