

Patient's Name: _____ **Date:** _____

- Good Morning, __ (name) __, I am _____. Welcome to our center.
- I see you came in from the _____ (event/ad). What was it that was said that made you want to take it one step further and come in today and get the evaluation?
- Reading over your file, _____, there are several things that I believe require attention. You wrote down the top health concerns are your weight and _____ and _____. So I have a few questions for you.

1. SUFFERING AND BEING OVERWEIGHT:

- How overweight would you say you are?
- How long have you been overweight?
- How much weight do you want to lose? So ideal weight is? Size? When was the last time you were this weight?
- Which health problems would you want to improve? What else? What else?...

2. FAILED PAST ATTEMPTS:

- What have you tried in the past that has not worked?
- Are you discouraged or frustrated because you have done these things and they haven't worked or were only temporary?

3. MOTIVATING FACTOR:

- How does being overweight negatively impact your life? How else? How else?
- What does it keep you from doing or enjoying?
- If it got worse, how would that impact your life?
- If you were your ideal weight what would you do more of or just enjoy more?
- So out of all these considerations, what is the biggest reason you want to lose weight?

4. CONTROLLING:

- So would you say that being overweight is controlling your life (to some degree)?

5. FEAR OF WORSENING:

- Do you fear it will get worse?
- Do you have any fear of developing or the worsening of any health conditions? Heart disease? Diabetes? Digestive? Arthritis/Mobility?

6. NEED OF CHANGE:

- Would you say you need to change your approach and what you have been doing if you want to lose this weight once and for all?

7. COMMITMENT:

- This may be the most important questions I ask you in determining if I can help you or not. How willing are you to do what it takes to handle this weight from one to ten, with one being you have no motivation and 10 meaning you'll do whatever it takes and you are ready to go?!
- (If less than 10): What is keeping you from being a 10?
- So if we accept your case, is there anything that would interfere with your ability to follow a program exactly as it is outlined?