**WEIGHT LOSS/DIET HISTORY**

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

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| --- | --- | --- | --- | --- | --- |
| **DATE****(YEAR)** | **DIET/PROGRAM/MEDICATION** | **START** **DATE** | **END****DATE** | **LBS****LOST** | **LBS****REGAINED** |
| **2019** |  |  |  |  |  |
|  |  |  |  |  |  |
| **2020** |  |  |  |  |  |
|  |  |  |  |  |  |
| **2021** |  |  |  |  |  |
|  |  |  |  |  |  |
| **2022** |  |  |  |  |  |
|  |  |  |  |  |  |
| **2023 - PRESENT** |  |  |  |  |  |
|  |  |  |  |  |  |

\* PLEASE INCLUSE **AT LEAST ONE** ENTRY FOR **EACH YEAR** LISTED. **FAILURE TO COMPLETE THIS WEIGHT LOSS/DIET HISTORY IN ITS ENTIRETY WILL RESULT IN A DENIAL FROM YOUR INSURANCE COMPANY.**

\* PLEASE INCLUDE ANY/ALL WEIGHT LOSS ATTEMPTS YOU HAVE ATTEMPED WITHIN THIS TIME FRAME. (WEIGHT WATCHERS, JENNY CRAIG, LOW-CALORIE, LOW-CARBOHYDRATE, CUTTING OUT SWEETS/SODA ETC.)

\* INCLUDE EXERCISE.

\* SYNERGY BARIATRICS IS NOT RESPONSIBLE FOR INSURANCE COMPANY DENIALS DUE TO INCOMPLETE WEIGHT LOSS/DIET HISTORIES.