



East Valley

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Mesa, AZ 85202
T (480) 413-9000
F (480) 413-2060

Scottsdale

8114 E. Cactus Rd. #230
Scottsdale, AZ
T (480) 922-1222
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West Valley

7972 W. Thunderbird Dr.
#106
Peoria, Az
T (623) 412-2700

Medical Director: Andrew Topliff MD
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www.medshapeweightloss.com

We are aware of the time it takes to fill out such a lengthy intake form. However, your cooperation in completing it is essential in providing the highest standard of care. All information is confidential.

REGISTRATION INFORMATION (PLEASE PRINT)

Name: _____
(First) (Middle) (Last)

Today's Date: ___/___/___

Date of Birth: ___/___/___ Age: ___ Sex: Male/ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Work: () _____

Email _____

May we leave messages on your phone & email relating to your visits? Y/N

Emergency contact (name): _____

Phone: () _____

CHIEF HEALTH CONCERNS

If You Are Female, Are You Currently pregnant? Y/N (Please Circle One)

Are You Currently Being Treated For Any Medical Conditions? (If Yes Please List Below):

Are You Currently Taking Any Prescription or Over-The-Counter Medication? (If Yes Please List)

Are You Currently Taking Any Nutritional Supplements? (If Yes Please List)

Are You Aware Of Any Medications, Substances or Foods To Which You May Be Allergic? (If Yes Please List)

On a scale of 1 to 10 (10= most serious) how serious are you about losing weight & reaching you health goals?

Why do you want to lose weight? _____

How often do you eat out per day (includes fast food & convenience stores)? _____

How many times per day do you eat? _____

Signature: _____ **Date:** _____

By signing on the above line, I the attest that all of the information provided is true & accurate to the best of my knowledge and that none of the requested information has been omitted.