

**Dr. John H. Alexander M.D., F.A.C.S.**  
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Diet History

How many years have you been overweight? \_\_\_\_\_

Have you had any previous weight loss surgery? Please indicate below and the amount of weight lost.

\_\_\_\_\_

\_\_\_\_\_

Please list any other diets that you have tried in the space provided.

Program/ Medication	Date	Duration / How long?	Physician supervised?	How much weight loss?
Weight Watchers				
Jenny Craig				
Slim Fast				
Nutri System				
Dr. Atkins Diet				
Protein Shakes				
Grapefruit Diet				
Carbohydrate Diet				
Exercise				
Hypnosis				
Behavior-Modification				
Acupuncture				
Fen-Phen				
Xenical				
Phentermine				
Metabolife				
Other				

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_