

### Kitsap Medical Weight Loss

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<b>Medications – Please List all Prescription Medications You are Currently Taking</b>					
<u>Medication Name</u>	<u>Reason for Taking</u>	<u>Dose</u>	<u>#</u>	<u>How Often</u>	<u>Prescribing Doctor</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>Non-Prescription Medications – Please Include Vitamins, Minerals and Herbal Supplements</b>				
<u>Medication Name</u>	<u>Reason for Taking</u>	<u>Dose</u>	<u>#</u>	<u>How Often</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>Allergies – Please List all Known Allergies to Food or Medicine</b>	
<u>Allergen (Medication or Food)</u>	<u>Reaction</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Exercise</b>
What is the most physically active thing you do in an average day? _____ _____
What, if any, regular exercise do you do? How often and for how long? _____ _____
Do you know of any reason(s) you should not do physical activity? If yes, Please explain: _____ _____