



# HCG DIET QUESTIONNAIRE

Total Approach Wellness and Aesthetics  
200 Forsythe Street  
Fayetteville, NC 28303  
Office: (910) 322-7368  
Fax: (910) 483-5796  
[www.TAWellness.net](http://www.TAWellness.net)

Date Completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Please complete the General Medical History form in addition to this page.**

1. How many years have you been struggling with your weight? \_\_\_\_\_ yrs

2. What is the highest weight you have reached? \_\_\_\_\_ lbs

3. What efforts have you tried to lose weight?

Medications                       Exercise and diet                       Online programs

Weight loss centers                      Which ones? \_\_\_\_\_

\_\_\_\_\_

Other methods                      Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Were any of these successful?     Yes     No    How much weight did you lose? \_\_\_\_\_ lbs

5. Why do you think you put your weight back on?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How much did you regain? \_\_\_\_\_ lbs

7. Do you snack between meals?     Yes     No

8. Do you often fail to complete projects you start?     Yes     No