The Surgeons Group PC
917 Tuscaloosa Avenue SW
Birmingham AL 35211
(205) 780-7150

Diet History Form

Please fill out this form and bring it with you when you come for your first appointment.

Name: _____ Insurance Contract Number: _____

Type of Weight Loss Program	Name and/or Description	How long did you follow the diet?	What year(s) did you follow the diet?	What were the results? (Long-term and short-term)