

**Obesity Worksheet:**

- My Target weight is: \_\_\_\_\_ OR “I don’t know/don’t have one.”

Per Dr. Haas my daily calorie target range is \_\_\_\_\_ to \_\_\_\_\_ calories per day **OR** “I would like to know.”

- I have been achieving my calorie goal \_\_\_\_\_/7 days per week.
- I have been getting \_\_\_\_\_ minutes of moderate / intensive exercise \_\_\_\_\_ / days per week.

I am currently on the following medications to assist in my weight loss journey:

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List any side affects you think you may be having:

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The changes I need to make the next few weeks are:

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I am interested in medications to assist my weight loss: YES / NO

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_