

**Weight Questionnaire to be completed by the applicant's Family
Doctor after examining the applicant.**

1. When did the applicant first consult you? (dd/mm/yy)
2. Has there been significant fluctuation in weight during the last 3 to 4 years. If yes, please provide details?
3. Has the applicant lost/gain more than 3 kg during the last one year?
4. Please provide the following details
 - How much weight has been lost/gain in last one year?
 - Was the weight loss/gain rapid or gradual?
 - In your professional opinion what is the cause of the weight loss/gain?
 - Has any investigations been done to know the cause of the weight loss/gain. Also mention if the applicant has undergone any surgery or procedure. Please provide details
5. State the present height_____ (in cms); weight _____ (in kgs.)
6. What was the weight when last measured/known to the applicant (in Kgs.)?
7. Is the applicant on any medication/treatment presently? If yes, please provide details?
8. Is the applicant presently or in past been under treatment or consulting doctors for any Medical problems / condition?
9. Please provide any other information that may be relevant?

I confirm that the above statements are true and complete to the best of my knowledge

Signature of the Doctor:

Name of the Doctor
Address:
Telephone/mobile number:
Registration number
Date: Place:

(Signature of LA in presence of the family doctor)
Signature of the LA
Name of the LA: