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**365 County Road 39A, Suite 11**  
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Name \_\_\_\_\_ Date \_\_\_\_\_

Please list all diets/diet pills that you have been on, to the best of your recollection. Be sure to list any medically supervised diets, along with the name of the supervising physician. Please include any exercise programs or gym memberships.

Name of diet or exercise program \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Total weight loss \_\_\_\_\_ LBS.

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