

193 West Beau St.
Jefferson Court Plaza
Washington, PA 15301
Phone: (724) 222-8322



Dr. Tony Wano, DCN, FACACN
Diploma in Clinical Nutrition
Certified Clinical Nutritionist
Linda Evans
Patient Coordinator

DATE _____

PERSONAL INFORMATION ___ Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss

Name _____

Address _____

City, State, Zip _____

Telephone (Home) _____ (Work) _____

Date of Birth _____ Age _____ Social Security Number _____

Occupation _____ Spouse Occupation _____

Employed By _____

How were you referred to our office? _____

Have you had surgery in the past? _____

Are you taking any medications? _____

Are you pregnant? _____ How many children? _____ Are you Breast Feeding? _____

MEDICAL HISTORY

Do you or any family member have/had any of the following?

- | | |
|-------------------------|-------------------------|
| ___ Stroke | ___ Epilepsy |
| ___ Heart Attack | ___ Hypoglycemia |
| ___ Diabetes | ___ Anemia |
| ___ Thyroid Disease | ___ Cancer |
| ___ Gallbladder Disease | ___ High Blood Pressure |
| ___ Kidney Disease | ___ Intestine Problems |
| ___ Joint Disease | ___ Shortness of Breath |
| ___ Gout | ___ High Cholesterol |

Your Primary Care Physician and full address: _____

HISTORY

How long have you been overweight? _____

Have you tried to lose the weight in the past? _____

Why do you want to lose weight? _____

Has your doctor recommended you lose weight? _____

Can you attribute the gain to anything? _____

FOR OFFICE USE ONLY

Height _____ Weight _____ BP _____ Goal Weight _____ Estimated Correction _____