

Weight Loss Matters Registration Form

Please check which class you are registering for:

- Tuesdays Noon-1 Mining & Minerals Bldg
- Tuesdays 5:15-6:15 Nursing Bldg
- Thursdays 11-Moon Wethington Bldg

Name: _____ Date: _____

Gender: Male Female D.O.B: _____ Last four digits SSN: _____

Choose one: Employee Retiree Spouse Sponsored dependent

If a spouse or sponsored dependent, UK employee's name: _____

Department: _____ E-Mail: _____

Room & building/ Home address: _____
(if spouse, retiree, or sponsored dependent please provide home address and phone)

Speed sort/Zip code: _____ Work/Home phone: _____

How did you hear about Weight Loss Matters? Website UK News Departmental flyer In the Loop Other _____
(specify)

Have you participated in Weight Loss Matters before? Yes No

Current weight _____ lbs Height _____ Age _____

YOUR 10-WEEK WEIGHT LOSS GOAL: _____ lbs. (Not to exceed 10 pounds)

Have you attempted to lose weight in the past? Yes No

If yes, how have you tried to lose weight? _____

What are the major obstacles to your weight loss? _____

Why do you want to lose weight now? _____

Please list your current medical conditions _____

Please list all medications and/or supplements that you take (both prescription and non-prescription)

Are you physically active? No Yes (if yes, please tell us):

Number of days per week you are active _____ Duration of activity _____

Type of activity (i.e. walking, aerobics, biking, weight training, etc.) _____

Weight Loss Matters Agreement

As a new participant in the Weight Loss Matters program, I have read and understand the program description, which includes, but is not limited to, the following:

What to Expect:

- A weight loss program that teaches you how to eat, rather than how to diet
- The expertise of registered dietitians
- Group support for your weight loss goals
- Weekly weigh-ins and educational seminars
- A meal pattern calculated just for you (includes a daily calorie level and general outline for how many foods to eat from each food group)

What *Not* to Expect:

- A quick fix
- A rigid meal plan – you will have the flexibility to decide what specific foods to eat each day
- Daily menus that take the “guesswork” out of losing weight – you will decide when and what to eat throughout the day and adapt the meal pattern to your lifestyle
- “Off-limits” foods – this program allows you to “fit all foods”

I agree to carefully follow the meal plan and dietary guidelines set forth in the Weight Loss Matters program. I am aware that failing to provide the Weight Loss Matters staff with adequate information on any and all medical conditions will impair their ability to advise me properly.

Signature

Date

Please print name clearly