

# ReEntry Weight Loss Program

SACRAMENTO FAX: (916) 978-0333     DAVIS FAX: (530) 756-4238     ROSEVILLE FAX: (916) 781-9827

## Personal Information

Class Day/Time Requested \_\_\_\_\_

Name\* \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

▪ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

▪ Emergency Contact: Name/Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

\*If your name has changed, please note name previously used at OTCMG \_\_\_\_\_

▪ Height \_\_\_\_\_ Current Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

### Status at OTCMG:

- Active / Behavioral Educator \_\_\_\_\_
- On Leave of Absence
- Left the Program [date] \_\_\_\_\_

### Applying to:

- Option 1 [supplement only]
- Option 2 [supplement plus meal]
- Quick 20 Premium (BMI 30 or below)

▪ Did You Ever Attend Phase 2 (Skills) at OTCMG? \_\_\_\_\_

## Medical Information [please provide complete name, address and numbers]

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Group \_\_\_\_\_ Fax \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

▪ Current Medications and Dosages \_\_\_\_\_

▪ New Medical Conditions or Surgeries Since Last At OTCMG \_\_\_\_\_

▪ Do You Now Have, or Have You Had Since Last At OTCMG:

- High Blood Pressure     Diabetes     Cardiac Illness     Hepatitis

▪ Are you currently seeing a therapist, psychologist or psychiatrist?     No     Yes

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received the **ReEntry Program General Information / Fee Schedule.**