



NICOLE NORRIS MD  
Medical Spa

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## Get Fit Eligibility Form

Name:

Age:            Phone Number:

Current primary care physician/Gynecologist:

Do you have any medical problems? Please list below:

Current Medications including hormones:

Last time you had labs done:

Allergies to medications:

Height:  
Today's Weight:

Goal weight/How much do you want to lose?

Have you tried losing weight in the last year? Please elaborate:

Do you exercise currently? Please elaborate.

What weight loss programs, if any, were you successful with in the past?

Are you willing to come to our office for an injection once a week as part of your weight loss plan?

Yes

No

Your answers will be kept confidential and we will reach out to you as soon as Dr. Norris reviews your form to let you know if you are eligible for a Get Fit Consultation with her. \*\*The Get Fit Concierge Weight Loss program is not covered by health insurance and the medication we use during the program is not covered by insurance. You may want to talk to your doctor first before considering our program to see if your health insurance might cover these medications or if your doctor will prescribe them to you.

Signature/Date\_\_\_\_\_ Date:\_\_\_\_\_