



LIFE STYLE CHANGE NETWORK
WEIGHT MANAGEMENT PROGRAM
REGISTRATION FORM

Official registration does not occur until receipt of all registration materials. Once registration materials have been received, Totally You will make an appointment for your initial assessment.

Name: _____

Home phone: (____) _____ Work phone: (____) _____

Address: _____

E-Mail: _____

Age: _____ Birthday ____/____/____ Male ____ Female ____

Does a physician regularly see you? Yes ____ No ____

When was your last doctor's appointment? _____

Doctor's name, address and phone number?

Have you ever been enrolled in a weight management program before?

Yes __ No __

If yes, where and when _____

In case of emergency who should be contacted? Name _____

Address _____

Phone _____

Mail or submit registration on line. If you have any questions Please call (410) 254-1555.

Totally You, LLC
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