

WEIGHT LOSS QUESTIONNAIRE

PROGRESSION OF WEIGHT GAIN PATTERN (AGE 18 TO CURRENT):

No pattern Steady Sudden Variable weight gain and/or loss

DIETARY HISTORY:

What do you consider to be your daily eating pattern? (✓ all that apply)

Less than normal Normal Overeat Binge Serious eating disorder Excessive snacking

Do you eat/snack just before bedtime? No Yes

Which meals do you eat each day? breakfast lunch dinner snacks

What and how much do you usually eat for breakfast? _____

What and how much do you usually eat for lunch? _____

What and how much do you usually eat for dinner? _____

What are your favorite snacks? _____

How much of them do you eat per sitting? _____

Do you drink soda? No Yes – How many 12oz servings per day? DIET _____ REGULAR _____

Do you drink Juice? No Yes - What kind? _____ How much per day? _____

EXERCISE HISTORY:

What is your exercise program?

I walk / run ___ times per week for ___ minutes

I swim ___ times per week for ___ minutes

I lift weights ___ times per week for ___ minutes

I am able to exercise but I do not have a regular routine

I am unable to exercise due to _____

SOCIAL AND PERSONAL HISTORY:

Have you ever smoked or chewed tobacco (cigarettes, cigars, pipes, etc)? No Yes

How many packs per day _____

Do you consume alcoholic beverages? No Yes

How many drinks per week? _____

Have you used drugs in the past (other than prescribed medication)? No Yes

What type of drug(s)? _____

Number of Pregnancies _____ pounds gained _____

SUMMARY DOCUMENT OF PATIENTS WEIGHT LOSS ATTEMPTS

Name of method tried _____

Dates on diet ___ / ___ to ___ / ___ (please fill in month and year)

Beginning weight _____ Weight lost _____ Weight gained _____

Supervised by a physician, dietician or weight management program Yes No

Name of method tried _____

Dates on diet ___ / ___ to ___ / ___ (please fill in month and year)

Beginning weight _____ Weight lost _____ Weight gained _____

Supervised by a physician, dietician or weight management program Yes No

Name of method tried _____

Dates on diet ___ / ___ to ___ / ___ (please fill in month and year)

Beginning weight _____ Weight lost _____ Weight gained _____

Supervised by a physician, dietician or weight management program Yes No

Medical Weight Loss Treatment Consent

I authorize _____ to provide medical care to me, including but not limited to the treatment of my weight problem and any coexisting medical conditions. This may involve but not be limited to history taking, in-office testing and physical examination.

I understand that my weight management treatment may consist of specific diet plans, for example a balanced deficit diet, very low calorie diet, a protein supplemented diet; recommendations for behavior modification techniques, including prescribed regular exercise regimens; and possibly the use of over-the-counter and prescription medications, e.g. appetite suppressants. I understand that I may be prescribed medications for medical conditions other than those relating to my weight management according to general medical practice standards.

I understand that if medications are prescribed, especially medications for weight control, their duration of use and prescribed dosage and frequency may exceed or vary with those indicated in the package insert or those set forth by the FDA. It has been explained to me that these medications have been used safely and successfully in private and academic medical practice with appropriate monitoring for periods and at dosing and frequency regimens exceeding or at variance with those recommended in the product literature.

I understand that any medical intervention has associated potential risks and benefits. Risks of this program may include but are not limited to tiredness, weakness, sleep disturbances, headaches, dry mouth, gastrointestinal disturbances, nervousness, psychological problems, high blood pressure, rapid heartbeat, and heart irregularities. In rare instances these and other possible risks could be serious or even fatal. The benefits of successful weight management may include but not be limited to improved overall health, lower risk of developing serious diseases with at times fatal complications, such as diabetes, breathing problems, joint degeneration, high blood pressure, heart disease, circulation problems, heart attack, stroke, and more.

I understand that I have alternative treatment options, including but not limited to no treatment at all and weight management programs not supervised by a physician. I also understand that remaining overweight or obese puts me at greater risk for ill health. Some of the complications that may develop as a consequence of prolonged abnormal body weight are arthritis of the joints, especially weight-bearing joints such as hips, knees, feet and back, high cholesterol and triglycerides, high blood pressure, diabetes, vascular disease complicated by stroke, heart attack and abnormal heart rhythms, gallstones, sleep apnea, and sudden death. I understand that these risks may be modest if I am not significantly overweight, but will increase with additional weight gain.

I understand that the success of weight management treatment depends on my active participation. The staff at _____ cannot guarantee or assure treatment success or any definite outcome. I understand that obesity is considered a chronic condition that may require permanent changes in my eating habits and behavior to attempt success at treatment.

I have read and fully understand this consent form and I realize I should not sign this form if all items have not been satisfactorily explained to me. All questions regarding the risks, dangers, and benefits of the proposed treatment have been answered with satisfaction. With my signature I acknowledge that my questions have been answered fully, and that I have been requested to read this form and have been given ample time to understand all its contents.

(Patient Name – Please Print)

(Patient Signature or Signature of Authorized Patient Representative)

(Date)

SIMPLE EXERCISE PLAN

Exercise for weight loss

- ❖ Walk for thirty minutes or more three times a week.
- ❖ Exercise sessions can be broken up into three 10 minute sessions during the day
- ❖ Increase the length of time and the number of times per week as your endurance increases and for increased weight loss

10,000 steps

Rather than time your walks, you can count your steps during the day.

The goal is 10,000 steps a day. This is roughly equivalent to 30 minutes of continuous walking. The best way to count your steps is to use a pedometer. Wear the pedometer for a few days to see how many steps your normal activity is. (Most inactive people take only 2000 to 4000 steps per day.) When you know how many steps you normally take then add 500 steps to that. A few days later add 500 more, then 500 more a few days later, and so on until you reach 15,000 to 20,000 steps per day.

Some ways to increase your walking daily

- Take the stairs instead of the elevator
- Park the farthest spot in the parking lot
- Walk with your dog
- Walk your children to their bus stop
- Walk around the mall three times before you start to shop
- Dance
- Pace the airport corridors while waiting for your flight instead of just sitting
- Take a short walk before or after your meals

How you can shape your body by walking.

Flat stomach - Walk downhill with rapid, small steps, with your stomach in and shoulders straight. Steps should be as small and fast as possible.

Shapely hips and thighs - Walk uphill without bending your knees, with long steps, stomach in, and shoulders straight.

Slimmer arms - Swing your arms freely as you walk and stretch your arms back and forth.

Slim waistline - Walk with your hands held in the air at a medium pace. Keep your hands straight and maintain your posture.

Strength Training

Strength and resistance training, such as weight lifting, builds muscle. This is not just for bodybuilders. Building muscles offers several benefits:

- ❖ Your body develops definition and firmness
- ❖ You burn more calories
- ❖ Bones strengthens, this helps protect against osteoporosis
- ❖ Balance improves
- ❖ Pain from arthritis decreases and range of motion increases

Calories burned in 20 minutes of Continuous Exercise

Activity	Body Weight of 134 lbs	Body weight of 183 lbs
Aerobic exercise	128	170
Ballroom Dancing	64	84
Basketball	172	220
Canoeing	54	74
Cleaning	76	102
Cycling	80	106
Football	164	220
Jumping Rope	204	272
Mopping Floors	76	102
Mowing (Push Mower)	138	186
Raking	66	90
Running (9min/mile)	240	320
Scrubbing floors	134	180
Stacking wood	110	146
Swimming	200	268
Tennis	136	180
Volleyball	62	84
Walking	100	134

7 INCH PLATE

- ❖ Start with a 9 inch plate and gradually transition to a 7 inch plate within two weeks if you absolutely can not start with a 7 inch plate
- ❖ If you have diabetes, you do not need special or diet foods. You can eat the same foods as everyone else.
- ❖ Using this food guide is simpler than counting carbohydrates in your diet. It is also simpler than diabetic exchange groups.
- ❖ This food guide is used to plan a diet that meets your nutritional needs and reduces your risk for diabetes.
- ❖ This food guide for diabetics spreads your carbohydrates throughout the day. Carbohydrates are the nutrients that affect your blood glucose level. The more carbohydrates you eat the higher your blood sugar level can be.
- ❖ Spreading carbohydrates out throughout the day can keep your blood sugar more stable throughout the day. This will also keep you from overeating at any one meal. You need to eat about the same amount of food at the same time each day to keep your blood sugar level stable.
- ❖ Eating regular meals is also a good way to spread out your carbohydrates especially if you are pregnant or taking medication to control your glucose.

Eating Plan

- ❖ 8-10 8 oz. glasses of water a day
- ❖ Eat a piece of fruit or vegetable before each meal
- ❖ Drink one glass of water before each meal
- ❖ No alcohol
- ❖ Eat vegetables or fruit for snacks
- ❖ Cook all meals with vegetable oils (e.g. Canola, Olive, or corn)

Tips on using a guide if you have diabetes

- ❖ Record the food you eat for several days. Compare your intake with the recommended intake for the food groups in a food guide for diabetes. You will be surprised to see that you are really eating more than you thought
- ❖ Learn the serving size in food groups. For example, if you eat a plateful of spaghetti (about 2 cups), you have eaten 4 servings of grain from the food group. This is an example of how easy it is to eat more servings than is recommended for a healthy diet.

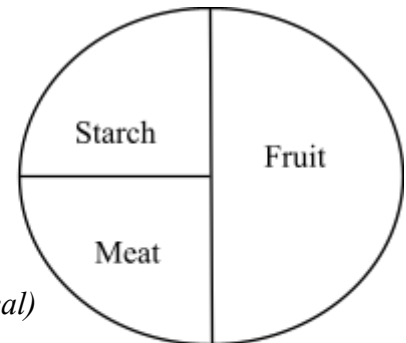
MEDICAL WEIGHT LOSS TRAINING

Plate Format Eating Plan

Breakfast Plate

(Drink an 8 oz. glass of water before your meal)

- ❖ Divide your plate in half
- ❖ Then take the second half and divide that in half. (You will end up with a plate divided in three sections)
1 = $\frac{1}{2}$ of the plate 2 = $\frac{1}{4}$ of the plate 3 = $\frac{1}{4}$ of the plate
- ❖ Section 1 is for fruits
(Medium piece of fresh fruit, $\frac{1}{2}$ cup of cooked or canned fruit in its own juices, $\frac{1}{2}$ cup of fruit juice or $\frac{1}{4}$ cup of dried fruit)
- ❖ Section 2 for bread, grain, or starchy food.
(Whole grain bread, rice (brown preferred), crackers, cooked grain (old fashioned Oatmeal-not instant) cereal, tortillas (whole grain), starchy vegetables (potatoes), whole grain cereal)
- ❖ Section 3 for meats
(Egg, turkey sausage, turkey bacon, lean meat)
- ❖ An 8 oz glass of low fat milk (or drink 8 oz of unsweetened yogurt or soy milk. If you can't drink milk then take a calcium supplement to get more calcium in your diet)



Lunch/Dinner Plate

(Drink an 8 oz glass of water before your meal)

- ❖ Section 1 for Vegetable/Fruit
(Broccoli, green beans, carrots, mushroom, tomatoes, cauliflower, spinach, peppers, greens, salad greens)
- ❖ Section 2 for meat (Lean Cuts), fish, or poultry. No fried foods, but if you are frying then use canola or olive oil
- ❖ Section 3 for starch
(Bread, rolls, rice, crackers, cooked grain, starchy vegetables such as potatoes, corn, winter squash, dry cooked beans, dry peas, lentils)

- ❖ 8 oz glass of low fat milk
- ❖ A piece of fruit

*Add a mid morning snack and mid afternoon low calorie/ low carbohydrate snack.
7 inch plate for your meals.*

Drink 8-10 8 oz glasses of water daily

MEDICAL WEIGHT LOSS TRAINING