

## CCP WEIGHT MANAGEMENT PATIENT PREPARATION FORM

Whether it's your medical history, available coverage options, or writing down specific, attainable, short- and long-term goals, this form can help you and your health care team plan for your weight management.

Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Please answer these questions as truthfully as possible so we can develop a personalized weight-loss plan for you.

Do you ever feel like your eating patterns can get out of control? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat between meals? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you eat as a response to your emotions? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any dietary restrictions? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you currently take part in physical activity? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been diagnosed with any of the following:

Type 2 diabetes? YES \_\_\_\_\_ NO \_\_\_\_\_

High blood pressure? YES \_\_\_\_\_ NO \_\_\_\_\_

High cholesterol? YES \_\_\_\_\_ NO \_\_\_\_\_

What prescription medications, if any, do you currently take?

What kind of foods do you eat?

How many times a week do you take part in physical activity?

How long do your sessions of physical activity last? What type of physical activity?

What are your weight/obesity-management goals?

Short-term goals: Long-term goals:

How many serious weight-loss attempts have you made in the past 5 years? 0 1 2 3 4+

Did you participate in any structured weight-loss programs in the past and, if so, which ones?

Was there one program that seemed to work best for you?

What are some barriers that have kept you from losing weight and maintaining weight loss in the past? (eg, nutritional choices, no time for exercise, health issues)

Have you ever been on an anti-obesity or weight-loss medication in the past or are you currently on one? (either over the counter or prescribed) YES \_\_\_\_\_ NO \_\_\_\_\_

If so, which one(s): Current anti-obesity/weight-loss medications:

## TAKING CONTROL OF YOUR WEIGHT MANAGEMENT

Your insurance provider may include weight-management treatments as part of your plan.

Contact your carrier or employer for more information about coverage.

Nutritionist/Dietitian YES \_\_\_\_ NO \_\_\_\_

Co-pay: Sessions:

Behavioral therapist YES \_\_\_\_ NO \_\_\_\_

Co-pay: Sessions:

Health Coach YES \_\_\_\_ NO \_\_\_\_

Provider visit for weight management:

Gym membership: Discount Yes \_\_\_\_ No \_\_\_\_ Reimbursement Yes \_\_\_\_ No \_\_\_\_

Ask if your place of employment offers a wellness program, which can include:

Smoking cessation program YES \_\_\_\_ NO \_\_\_\_

Health screenings and wellness assessments YES \_\_\_\_ NO \_\_\_\_

Stress management education YES \_\_\_\_ NO \_\_\_\_

Weight-loss program YES \_\_\_\_ NO \_\_\_\_

Insurance coverage

Does your insurance cover pharmacotherapy for weight loss? YES \_\_\_\_ NO \_\_\_\_

Does your insurance cover weight-reduction surgeries? YES \_\_\_\_ NO \_\_\_\_

### Follow-up appointment

Time: \_\_\_\_\_

### Office contact information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_