WEIGHT MANAGEMENT – NEW PATIENT FORM

Name: _____ DOB: _____ Date: _____

Weight & Treatment History

How long have you been trying to lose weight? ☐ Since childhood ☐ <6 months ☐ > 6 months ☐ 1–3 years ☐ >5 years

Highest adult weight: _____ lbs **Lowest adult weight:** _____ lbs

Previous weight loss methods tried (check all that apply):

☐ Diet / Lifestyle ☐ Exercise programs ☐ Medications ☐ Bariatric surgery

Anti-Obesity Medications Previously Tried *(check all that apply & give approx. dates)*

☐ Phentermine (Adipex-P, Lomaira)
☐ Phentermine/Topiramate ER (Qsymia)
☐ Orlistat (Xenical, Alli)
☐ Naltrexone/Bupropion ER (Contrave)
☐ Liraglutide (Saxenda)
☐ Semaglutide (Wegovy)
☐ Tirzepatide (Zepbound)
☐ Other: _____

History *(check all that apply)*

☐ Pregnancy
☐ Breastfeeding
☐ heart disease
☐ Arrhythmia
☐ Stroke
☐ Uncontrolled hypertension
☐ Hyperthyroidism
☐ Glaucoma
☐ Seizure disorder / history of seizures
☐ eating disorder (anorexia, bulimia)
☐ Drug/alcohol abuse history
☐ Medullary thyroid carcinoma (MTC)
☐ Multiple endocrine neoplasia type 2 (MEN2)
☐ Chronic malabsorption or gallbladder disease
☐ Pancreatitis
☐ Severe liver or kidney disease
☐ Sleep Apnea
☐ NONE OF THESE LISTED IN THIS SECTION

Family History *(check all that apply)*

☐ Medullary thyroid carcinoma
☐ Multiple endocrine neoplasia type 2 (MEN2)
☐ NONE OF THESE LISTED IN THIS SECTION

Lifestyle Factors
Dietary behaviors *(check all that apply)*:

☐ Frequent snacking
☐ Skipping meals
☐ Late-night eating
☐ Sugary beverages (soda, sweet tea, energy drinks)
☐ Alcohol calories
☐ High fast-food intake
☐ Large portion sizes
☐ Grazing throughout the day
☐ Emotional/stress eating

Physical activity: ☐ None ☐ 1–2 days/week ☐ 3–4 days/week ☐ 5–7 days/week

☐ walking ☐ strength training ☐ Gym ☐ Other: _____

Sleep hours/night: _____ **Sleep quality:** ☐ Good ☐ Fair ☐ Poor

Alcohol: _____ drinks/week

Stress level: ☐ Low ☐ Moderate ☐ High

Insurance
Anti-obesity medication coverage: ☐ Yes ☐ No ☐ Unsure

If your insurance does not cover any weight-loss medication (which can cost $100–$500+ per month), would paying out-of-pocket be an option for you?
☐ Yes – I am able to pay out-of-pocket if needed
☐ Possibly – depends on the monthly cost
☐ No – I would only consider medications covered by insurance