

MCOR FitMed

**WEIGHT
MANAGEMENT
PROGRAM**



“Integrating the Art & Science of Weight Loss”

PATIENT QUESTIONNAIRE

Patient's name:

Date/Time of appointment:

THE MEDICAL CENTER AT OCEAN REEF
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FITMED WEIGHT MANAGEMENT

Welcome to the FitMed weight & lifestyle management program at The Medical Center of Ocean Reef. We are happy you have made the decision to tackle this challenge head on to improve your health, wellbeing, and to maximize your overall quality of life. Our team is going to do our best to assist you in integrating healthy habits while achieving your weight loss goals.

First and foremost, we want you to understand that struggling to lose weight and maintain healthy habits is NOT a failure of willpower. Overweight and obesity is unequivocally a disease that has been recognized and classified as such by the AMA, the CDC, WHO, and various other medical societies since 2013.

Furthermore, you are far from alone. According to the Centers for Disease Control and Prevention in 2018, obesity (defined as a BMI of 30 or above) affects over 40% of middle-aged adults in the US. Importantly, excess weight is closely related to several other chronic diseases, including heart disease, hypertension, type 2 diabetes, sleep apnea, certain cancers, joint diseases, and more. By losing weight while making small lifestyle changes, you can decrease your risk for these conditions and improve your chances for a longer and healthier life while enjoying the things you love.

The science and research in this field continues to progress and has demonstrated that the development of overweight is related to genetic, psychological, physical, metabolic, neurological, and hormonal impairments. You must view your struggle with weight as a chronic condition - not unlike diabetes, hypertension and other conditions that are commonly accepted as such. People who struggle with weight have impaired metabolic pathways that cause a decrease in their basal metabolic rate. Additionally, they experience disordered sensations of hunger and diminished feelings of fullness. As a result, those who try to lose weight often experience challenging (sometimes felt to be overwhelming) resistance and subsequent regain. This is due to the adaptations made by the body in an effort to return to a new, higher weight "set point".

Similar to hypertension and diabetes, managing weight successfully requires ongoing lifelong effort, treatment, and awareness. This includes lifestyle changes in diet, exercise habits, sometimes medications, and in more severe cases even surgery.

We will work with you to understand why you are struggling with your current condition by looking at the past and integrating a program catered around your life to take control of your future. This includes looking at any potential medical issues, assisting you in formulating and implementing a plan that works for your lifestyle, tools to keep you accountable at home, and then educating you how to work on maintaining your new "set point" moving forward.

We are aware the journey isn't easy, but our team is here for you and ready to help guide you on this odyssey to overall better health and wellness. Let's get started!

Patient's Name: _____

HISTORY:

- 1) What has been your maximum weight as an adult? _____

- 2) What is the lowest weight you have been able to maintain as an adult for an entire year?

- 3) Describe previous weight loss attempts and how long were you able to maintain the weight loss, diets used and medications used? _____

- 4) In the past, what helped you the most with these attempts and what did you find that hindered you the most? _____

- 5) Circle if you have a family history of:
 - a) Diabetes
 - b) Heart disease
 - c) Overweight/Obesity

- 6) Circle if you have a personal history of:
 - a) Hypothyroidism
 - b) Cushing's Syndrome
 - c) Polycystic Ovarian Syndrome
 - d) Acromegaly

- 7) Please list any other medical problems or chronic medical conditions: _____

8) Please list all your current medications and supplements: _____

9) Please list any drug allergies or sensitivities: _____

10) For women, circle all that apply at any time in your life:

- a) Regular periods
- b) Irregular periods
- c) No longer having periods

11) For men, circle all that apply presently:

- a) Loss of libido
- b) Difficulty with erections
- c) Loss of muscle mass
- d) Fatigue

LIFESTYLE / GOALS:

12) Describe your typical diet (type, time and approximate quantity):

- a) Breakfast: _____
- b) Lunch: _____
- c) Dinner: _____
- d) Snacks: _____
- e) Any food intolerance/allergies: _____

13) Any particular cravings (describe): _____

- 14) Any episodes of bingeing (describe): _____

- 15) Any cues or triggers (activities, stress, TV, displayed food, etc): _____

- 16) Do you always or often feel hungry or unsatisfied? _____

- 17) Exercise Routine (current routine and past routine, play or played any sports, etc):

- 18) Sleep habits (the past few weeks/months, quality of sleep, how many times do you get up throughout the night, activities you do to prepare for rest): _____

- 19) How much alcohol do you drink? _____
- 20) Smoking history (packs per day, how many years, year quit): _____

- 21) Daily caffeine intake: _____
- 22) Daily juice intake (orange, apple, sugary, etc.): _____

23) Daily soda intake (diet or sweetened) intake: _____

24) Current daily water or other fluid intake: _____

25) How would you assess your overall state of health? What areas of weight loss management would you say you excel with, and which areas would you say you need the most direction with?

26) General Weight Loss/Lifestyle Goal(s). What would you like to see change or what would you like to implement as new habits? How can we best cater to you to facilitate these goals throughout the program?

MEDICATION HISTORY

Circle any medications you are taking:

Clozapine	Glipizide	Prazosin
Risperidone	Glyburide	Terazosin
Olanzapine	Glimepiride	Propranolol
Quetiapine	Pioglitazone	Metoprolol
Citalopram	Rosiglitazone	Atenolol
Escitalopram	Progesterone	HIV medications
Fluvoxamine	Birth Control Pills	Prednisone or other steroids
Lithium	IUD with progesterone	Diphenhydramine (Benadryl)
Carbamazepine	Leuprolide	Doxepin
Gabapentin	Doxazosin	Cyproheptadine
Valproate	Monoamine oxidase inhibitors (rasagiline, selegiline)	Insulin

REVIEW OF SYSTEMS:

Please select from the following symptoms below that pertain to you and make comments if needed.

Constitutional

- Fever
- Chills
- Night sweats
- Weight gain (____ lbs.)
- Weight loss (____ lbs.)
- Exercise intolerance

Concerns: _____

Eyes

- Vision Change
- Dry Eyes
- Irritation
- Eyelid complaints

Concerns: _____

ENT

- Difficult hearing
- Ear pain
- Ringing in the ears (tinnitus)
- Nose or sinus problems
- Frequent nosebleeds
- Sore throat
- Bleeding gums
- Dry mouth
- Oral abnormalities
- Mouth ulcer
- Teeth abnormalities
- Mouth breathing
- Snoring
- Oral complaints

Concerns: _____

Cardiovascular

- Chest pain on exertion
- Arm pain on exertion
- Shortness of breath when walking
- Palpitations
- Lightheadedness
- Lightheaded on standing
- Known heart murmur

Concerns: _____

Respiratory

- Cough
- Wheezing
- Shortness of breath
- Coughing up blood
- Sleep apnea

Concerns: _____

Gastrointestinal

- Change in appetite
- Feeling full before finishing meals (early satiety)
- Abdominal pain
- Nausea
- Vomiting
- Heartburn
- Difficulty swallowing (dysphagia)
- Constipation
- Frequent diarrhea
- Black or tarry stools
- Bright red blood per rectum

Concerns: _____

Genitourinary

- Urinary frequency at night (nocturia)
- Pain during urination (dysuria)
- Hematuria
- Difficulty urinating
- Urinary loss of control
- Incomplete emptying
- Increased urinary frequency

Concerns: _____

Musculoskeletal

- Muscle aches
- Muscle weakness
- Back pain
- Joint pain
- Joint swelling
- Pedal edema (swelling of feet/ankle)

Concerns: _____

Integumentary (Skin)

- Rash
- Jaundice
- Abnormal mole
- Growths/lesions
- Itching
- Dry skin

Concerns: _____

Hematologic/Lymphatic

- Swollen glands
- Easy bruising
- Easy bleeding

Concerns: _____

Neurologic

- Dizziness
- Loss of consciousness
- Frequent or severe headaches
- Migraines
- Weakness
- Numbness
- Memory lapses or loss
- Seizures
- Speech difficulties
- Restless legs

Concerns: _____

Psychiatric

- Depression
- Anxiety
- Sleep disturbances
- Restless sleep
- Feeling unsafe in relationship
- Alcohol abuse

Concerns: _____

Endocrine

- Fatigue
- Increased thirst (polydipsia)
- Hair loss
- Increased hair growth
- Cold intolerance or heat intolerance

Concerns: _____

Allergic/Immunologic

- Runny nose
- Sinus pressure
- Frequent sneezing
- Itching
- Hives

Concerns: _____



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