WELLNESS HOME
GETFIT WEIGHT LOSS PROGRAM
a Baal Perazim Wellness Affiliate Company

WEIGHT MANAGEMENT

PATIENT PREPARATION FORM

Whether it's your personal 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 as together we can develop a personalized weight-loss plan for you.

Do you ever fell like you eating patterns can get out of control? ☐ Yes ☐ No
Do you eat between meal? ☐ 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? (*eighter over the counter or prescribed)* ☐ Yes ☐ NO
If so which one(s): _____

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Currently 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 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

Date: _____ Time: _____

Office contact information

Name: _____

Phone: _____

E-mail: _____