Patient Name		DOD Age
Mailing Address   Mailing Address	Patient Name	Work Cell
1. What is your current weight? 2. How many pounds do you want to lose? 3. Why do you want to lose weight? 4. Have you tried to lose weight in the past? [] Yes [] No 5. If you answered "yes" on #4, were you successful? [] Yes [] No 6. If not what made you unsuccessful?  7. Do you exercise? [] Yes [] No	Email Address	
<ol> <li>Why do you want to lose weight?</li></ol>	Mailing Address	
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4. Have you tried to lose weight in the past? [] Yes [] No 5. If you answered "yes" on #4, were you successful? [] Yes [] No 6. If not what made you unsuccessful?  7. Do you exercise? [] Yes [] No	2. How many pounds do you	weight?
5. If you answered "yes" on #4, were you successful? [] Yes [] No 6. If not what made you unsuccessful?	3. Why do you want to lose	worght.
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6. If not what made you unsuccessful?  7. Do you exercise? [] Yes [] No	5. If you answered "yes" on	#4, were you successful? [] Yes [] No
If "yes"; How often?times per week  8. What other medical problems do you have?  a. [] Diabetes Mellitus	6. If not what made you uns	uccessful?
If "yes"; How often?times per week  8. What other medical problems do you have?  a. [] Diabetes Mellitus	7 Da vou avaraisa? [] Ves	[] No
8. What other medical problems do you have?  a. [] Diabetes Mellitus f. [] Heart Problems b. [] Hypertension g. [] Joint Pain c. [] High Cholesterol h. [] Constipation d. [] Heart Burn i. [] Thyroid Problems e. [] Shortness of breath j. [] Other  9. Would you agree for your picture to be taken at the start of the program, after 6 months, and one year to measure your progress? [] Yes [] No 10. If "YES", do you agree for us to show other people your picture as a way to advertise the weight loss program? [] Yes [] No 11. Are you ready to start losing weight today? [] Yes [] No 12. How many Months can you commit to? [] 3 months [] 6 months [] 12 months [] 18 months [] over 18 months	If "ves": How often?	times per week
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e. [] Shortness of breath j. [] Other	b. [] Hypertension	g. [] Joint Pain
e. [] Shortness of breath j. [] Other	c. [] High Cholester	nol h. [] Constipation
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[] 3 months [] 6 months [] 12 months [] 18 months [] over 18 months	11. Are you ready to start los	sing weight today? [] Yes [] No
	12. How many Months can y	ou commit to?
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## ALPHA MEDICAL CENTER WEIGHT LOSS CLINIC

## AGREEMENT FOR PATIENTS USING WEIGHT LOSS MEDICATIONS.

## I AM AWARE THAT:

- 1. Eating a moderately restricted diet and exercising are the main treatments for losing and controlling weight.
- 2. Eating a very restricted diet (1000 calories or less) can be dangerous and will cause metabolism to decrease making weight loss more difficult.
- 3. Research shows that generally patients lose weight while on weight loss medications and gain weight when medications are stopped. ONLY by achieving a balance where energy used (exercised away) is equal or greater than the energy taken in (eaten) can weight be maintained or lost.
- 4. Based on current scientific research weight loss medications are used as a short-term strategy commonly not more than 3 months. But I will need to work at maintaining weight lost for the rest of my life.
- 5. People who have taken any prescription weight loss medication for three months or more in their life have a 23-46 in one million chance of developing pulmonary hypertension a rare but often fatal side effect.
- 6. Because of the risks involved I will need and agree to participate in close supervision from the health care team while on weight loss medications.