



ALPHA MEDICAL CENTER

WEIGHT LOSS CLINIC FORM

Patient Name _____ DOB _____ Age _____

Phone # Home _____ Work _____ Cell _____

Email Address _____

Mailing Address _____

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
If "yes"; How often? _____ times per week
8. What other medical problems do you have?
 - a. Diabetes Mellitus
 - b. Hypertension
 - c. High Cholesterol
 - d. Heart Burn
 - e. Shortness of breath
 - f. Heart Problems
 - g. Joint Pain
 - h. Constipation
 - i. Thyroid Problems
 - 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

Patient Signature _____ Date _____

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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.

Patients Signature: _____ Date: _____