



HEALTH CENTER

MEDICALLY SUPERVISED

WEIGHT LOSS

NADER SAID, MD

Board Certified in Anesthesiology

Board Certified in Pain Management

Fellow of American Society of Bariatric Physicians

- **American Board of Pain Medicine**
- **American Board of Anesthesiology**
- **American Academy of Pain Medicine**
- **American Medical Society**
- **American Pain Society**
- **American Society of Anesthesiologists**
- **American Society of Interventional Pain Physicians**
- **Florida Academy of Pain Medicine**
- **Florida Medical Associations**
- **Florida Society of Anesthesiologists**
- **American Society of Bariatric (Weight Loss) Physicians**

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WEIGHT LOSS PROGRAM

What is Obesity?

Excess body weight resulting from eating too much and exercising too little, due in large part to a lack of willpower or self restraint. Recognized since 1985 as a chronic disease, obesity is the second leading cause of preventable death, exceeded only by cigarette smoking. Obesity has been established as a major risk factor for hypertension, cardiovascular disease, diabetes mellitus and some cancers in both men and women. Approximately one-third of adults are estimated to be obese.

- The prevalence of attempting to lose and maintain weight was 28.8% and 35.1% among men and 43.6% and 34.4% among women respectively. (JAMA 1999;282: 1353-1358)*
- The prevalence of obesity increased by 9 percent among women and men ages 20 to 74 between 1960 and 1991. Approximately one third (33.4 percent) of adults are estimated to be obese.

Adult men and women are nearly 8 pounds heavier than they were 15 years ago. Mean body mass index (BMI), a standard measure of obesity, has increased from 25.3 to 26.3 kg/m².

Obesity-Related Medical Conditions

- Osteoarthritis (OA), Rheumatoid Arthritis (RA), Carpal Tunnel Syndrome (CTS)
- Birth Defects
- Cancers of Breast, Esophagus and Gastric Cardia, Colon, Uterus, and Kidney.
- Diabetes, Gout, Gall bladder disease, Liver disease.
- Cardiovascular Disease, Impaired Respiratory Functions.
- Stroke

Obesity Management

A physician-supervised medical weight loss program may be the safest and wisest way to lose weight and maintain the loss. Overweight and obesity are frequently accompanied by other medical conditions such as diabetes, hypertension, cancer, and others. A bariatric (weight loss) physician is trained to detect and treat these conditions, which go undetected and untreated in a non-medical loss program..

1. An initial patient work-up to medical history, physical examination, appropriate laboratory studies and an electrocardiogram if there is past or present evidence of cardiac disease or if the patient has coronary risk factors.
2. Appropriate counseling on:
 - Diet and Nutrition
 - Exercise
 - Behavior Modification
 - Prescriptions Appetite Suppressants

Common side effects of Anorectic Drugs

- Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.
- Central Nervous System: Over stimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses.
- Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances.
- Allergic: Urticaria (hives).
- Menstrual irregularities
- Cold Extremities
- Change in libido
- Rashes, itchiness
- Sleep problems
- Drug interactions
- Habit Forming

Medical History Form

Name: _____ Age: _____ Sex: M F

Family Physician: _____ Phone: _____

Present Status:

1. Are you in good health at the present time to the best of your knowledge? Yes No

2. Are you under a doctor's care at the present time? Yes No
If yes, for what? _____

3. Are you taking any medications at the present time? Yes No
What: _____ Dosages: _____
What: _____ Dosages: _____

4. Any allergies to any medications? Yes No

5. History of High Blood Pressure? Yes No

6. History of Diabetes? Yes No
At what age: _____

7. History of Heart Attack or Chest Pain? Yes No

8. History of Swelling Feet Yes No

9. History of Frequent Headaches? Yes No
Migraines? Yes No Medications for Headaches: _____

10. History of Constipation (difficulty in bowel movements)? Yes No

11. History of Glaucoma? Yes No

12. Gynecologic History:
Pregnancies: Number: _____ Dates: _____
Natural Delivery or C-Section (specify): _____
Menstrual: Onset: _____
Duration: _____
Are they regular: Yes No
Pain associated: Yes No
Last menstrual period: _____

Hormone Replacement Therapy: Yes No
What: _____

Birth Control Pills: Yes No
Type: _____

Last Check Up: _____

13. Serious Injuries: Yes No
Specify: _____ Date: _____

14. Any Surgery: Yes No
 Specify: _____ Date: _____
 Specify: _____ Date: _____

15. Family History:

	Age	Health	Disease	Cause of Death	Overweight?
Father:	_____	_____	_____	_____	_____
Mother:	_____	_____	_____	_____	_____
Brothers:	_____	_____	_____	_____	_____
Sisters:	_____	_____	_____	_____	_____

Has any blood relative ever had any of the following:

Glaucoma:	Yes	No	Who: _____
Asthma:	Yes	No	Who: _____
Epilepsy:	Yes	No	Who: _____
High Blood Pressure	Yes	No	Who: _____
Kidney Disease:		Yes No	Who: _____
Diabetes:	Yes	No	Who: _____
Tuberculosis:	Yes	No	Who: _____
Psychiatric Disorder	Yes	No	Who: _____
Heart Disease/Stroke	Yes	No	Who: _____

Past Medical History: (check all that apply)

_____ Polio	_____ Measles	_____ Tonsillitis
_____ Jaundice	_____ Mumps	_____ Pleurisy
_____ Kidneys	_____ Scarlet Fever	_____ Liver Disease
_____ Lung Disease	_____ Whooping Cough	_____ Chicken Pox
_____ Rheumatic Fever	_____ Bleeding Disorder	_____ Nervous Breakdown
_____ Ulcers	_____ Gout	_____ Thyroid Disease
_____ Anemia	_____ Heart Valve Disorder	_____ Heart Disease
_____ Tuberculosis	_____ Gallbladder Disorder	_____ Psychiatric Illness
_____ Drug Abuse	_____ Eating Disorder	_____ Alcohol Abuse
_____ Pneumonia	_____ Malaria	_____ Typhoid Fever
_____ Cholera	_____ Cancer	_____ Blood Transfusion
_____ Arthritis	_____ Osteoporosis	_____ Other: _____

Nutrition Evaluation:

1. Present Weight: _____ Height (no shoes): _____ Desired Weight: _____
2. In what time frame would you like to be at your desired weight? _____
3. Weight at 20 years of age: _____ Weight one year ago: _____
4. What is the main reason for your decision to lose weight? _____
5. When did you begin gaining excess weight? (Give reasons, if known): _____

6. What has been your maximum lifetime weight (non-pregnant) and when? _____
7. Previous diets you have followed: _____ Give dates and results of your weight loss: _____

8. Is your spouse, fiancée or partner overweight? Yes No
9. By how much is he or she overweight? _____
10. How often do you eat out? _____
11. What restaurants do you frequent? _____
12. How often do you eat "fast foods?" _____
13. Who plans meals? _____ Cooks? _____ Shops? _____
14. Do you use a shopping list? Yes No
15. What time of day and on what day do you shop for groceries? _____
16. Food allergies: _____
17. Food dislikes: _____
18. Food you crave: _____
19. Any specific time of the day or month do you crave food? _____
20. Do you drink coffee or tea? Yes No How much daily? _____
21. Do you drink cola drinks? Yes No How much daily? _____

22. Do you drink alcohol? Yes No

What? _____ How much? _____ Weekly? _____

23. Do you use a sugar substitute? _____ Butter? _____ Margarine? _____

24. Do you awaken hungry during the night? Yes No

What do you do? _____

25. What are your worst food habits? _____

26. Snack Habits:

What? _____ How much? _____ When? _____

27. When you are under a stressful situation at work or family related, do you tend to eat more? Explain:

28. Do you thing you are currently undergoing a stressful situation or an emotional upset? Explain:

29. Smoking Habits: **(answer only one)**

___ You have never smoked cigarettes, cigars or a pipe.

___ You quit smoking ___ years ago and have not smoked since.

___ You have quit smoking cigarettes at least one year ago and now smoke cigars or a pipe without inhaling smoke.

30. Illicit drug use: cocaine / marijuana / heroine.

31. Typical Breakfast

Typical Lunch

Typical Dinner

Time eaten: _____

Time eaten: _____

Time eaten: _____

Where: _____

Where: _____

Where: _____

With whom: _____

With whom: _____

With whom: _____

32. Activity Level: **(answer only one)**

- Inactive—no regular physical activity with a sit-down job.
- Light activity—no organized physical activity during leisure time.
- Moderate activity—occasionally involved in activities such as weekend golf, tennis, jogging, swimming or cycling.
- Heavy activity—consistent lifting, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least three times per week..
- Vigorous activity—participation in extensive physical exercise for at least 60 minutes per session 4 times per week.

33. Behavior style: **(answer only one)**

- You are always calm and easygoing.
- You are usually calm and easygoing.
- You are sometimes calm with frequent impatience.
- You are seldom calm and persistently driving for advancement.
- You are never calm and have overwhelming ambition.
- You are hard-driving and can never relax.

34. Please describe your general health goals and improvements you wish to make: _____

This information will assist us in assessing your particular problem areas and establishing your medical management. Thank you for your time and patience in completing this form.

Lesions causing **Hypothalamic obesity**, tumors, inflammation, trauma.

Clinical features of hypothalamic obesity

1. Endocrine disturbances, amenorrhea/impotence, impaired growth, diabetes insipidus, thyroid/adrenal insufficiency
2. Intracranial pressure papilledema, vomiting.
3. Neurological disturbances, thirst, somnolence.

Features of the Polycystic Ovary Syndrome

Clinical and metabolic components of the polycystic ovary syndrome

Menstrual abnormalities:	Amenorrhea or oligomenorrhea Anovulation Infertility Increase risk of miscarriage Dysfunctional bleeding
Hyperandrogenism:	Hirsutism Seborrhea and acne Male pattern of balding Elevated plasma androgens
Hypothalamic-pituitary abnormalities:	Increased LH or LH/FSH ratio Increased prolactin
Metabolic abnormalities:	Obesity (10-80%) Insulin resistance, even in nonobese women Acanthosis nigricans

- Continued-

Drugs That Produce Weight Gain and Alternatives

Category	Drugs that cause weight gain	Possible alternatives
Neuroleptics	Thioridazine; olanzepine; quetiapine; risperidone; clozapine	Molindone; haloperidol; ziprasodone
Antidepressants		
Tricyclics		
Monoamine oxidase Inhibitors	Amitriptyline; nortriptyline imipramine; mirtazapine; paroxetine	Protriptyline Bupropion; nefazadone
Selective serotonin Uptake inhibitors		Fluoxetine; setraline
Anticonvulsants	Valproate; carbamazepine; Gabapentin	Topiramate; lamotrigine; zonisamide
Antidiabetic drugs	Insulin Sulfonylureas Thiazolidinediones	Migliitol; sibutramine Metformin; orlistat
Antiserotonin	Pizotifen	
Antihistamines	Cyproheptidine	Inhalers; decongestants
Adrenergic blockers	Propranolol	ACE inhibitors; calcium channel blockers
Adrenergic blockers	Terazosin	
Steroid hormones	Contraceptives Glucocorticoids	Barrier methods Nonsteroidal anti-inflammatory agents

Clinical Findings with Cushing's Syndrome

Clinical Features of the Metabolic Syndrome

Sign/symptom	Risk factor abdominal obesity	Defining level
Decreased libido	Men	40"
Obesity	Women	35"
Plethora	HDL cholesterol	
Round face	Men	40 mg/dL
Menstrual changes	Women	50m/dL
Hirsutism	Triglycerides	150mg/dL
Hypertension	Fasting glucose	110 mg/dL
Ecchymoses	Blood pressure (SBP/DBP)	130/85 mm Hg
Lethargy,depression		
Striae		
Weakness'ECG changes/atherosclerosis		
Dorsal fat pad		
Edema		
Abnormal glucose tolerance		
Osteopenia or fracture		

ABSOLUTE CONTRAINDICATIONS

- UNCOTROLLED HYPERTENTION
- ACTIVE CORONARY HEART DISEASE
- SEVERE ARRHYTHMIAS
- HISTORY OF ETOH/ SUBSTANCE ABUSE (3 YEARS)
- PREGNANCY / NURSING
- MAOIs
- PULMONARY HYPERTENSION
- NARROW ANGLE GLUCOMA
- RENAL FAILUTE / SEVERE LIVER DISEASE
- UNCONTROLLED PANIC DISORDER
- ACTIVE CANCER

PATIENT INTERVIEW

NAME: _____

PHONE: _____ ALT PH # _____

ADDRESS: _____

SS# _____ DOB _____ MARITAL STATUS _____

EMPLOYER/SCHOOL _____ PHONE # _____

EMERGENCY CONTACT _____ PHONE _____

REFERRED BY: _____

PRIMARY CARE PHYSICIAN: _____

PHONE # _____ FAX _____ LAST SEEN _____