

YOUR WEIGHT MANAGEMENT VISIT

What to Expect, What to Ask



Your Name: \_\_\_\_\_

Are there specific concerns you want to discuss today?  No  Yes \_\_\_\_\_

Have there been any major changes in your family lately?

- None  Move  Job Change  Separation  Divorce  Death in the family  New pet  Other?

Describe: \_\_\_\_\_

Table with 4 columns: General Health Information. Since Your Last Visit, Yes, No, Unsure. Rows include: Have you had any major illness and/or hospitalizations?, Have you or anyone in your family developed new medical problems?, Are there any changes to your medications?, Do you smoke?, Do any adults who are around you smoke (includes inside or outside the house)?

Have you been seen in the Emergency Room or hospitalized in the last 6 months for weight management related problems?

- No  Yes, 1-2 times  Yes, 3-4 times  Yes, 5-6 times  Yes, more than 6 times

Do you currently include any of the following in your daily diet?

- Fish  Chicken  Green leafy vegetables  Low fat cheese/milk  Vegetables  Fruit

Is your body mass index greater than 30?  No  Yes  I don't know

In the last 3 months have you talked with your doctor or health provider concerning any of the following symptoms?

- Severe headaches  Confusion  Chest pain  Blurred vision  Nausea and vomiting  Pounding in chest, neck  Feeling very tired  Dizziness

Have you received referrals, tests, tests results and or other needed care promptly?

- No  Yes

Do you have any of the following symptoms currently?

- Unusual thirst  Increased urination  Dizziness  Blurred vision  Frequent infections  Slow healing  Extreme hunger  Feeling very tired  Unusual weight loss

**Would you like to get more information on any of the topics below?**

<b>Medications/Treatments</b>	<b>Symptoms</b>	<b>Health Promotion</b>	<b>Nutrition</b>
Checking/monitoring blood pressure	Signs of high blood pressure	Smoking cessation [National Quitline: 1-800-QUITNOW (784-8669)]	Healthy diet
Lab tests to check/monitor cholesterol and blood sugar	Signs of diabetes	High cholesterol prevention	Calorie intake
Weight loss	Signs of high cholesterol	High blood pressure prevention	Healthy snacks
Herbal remedies	Risk factors for high cholesterol	Diabetes prevention	Decrease fat Intake
	Risk factors for high blood pressure	Exercise routine	Weight management
		When to call doctor	Alcohol intake

*This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this form at your next visit.*

Peach State Health Plan is contracted with Medicare for HMO and HMO SNP plans, and with the Georgia Medicaid program. Enrollment in Sunshine Health Medicare Advantage depends on contract renewal.

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak Spanish or Vietnamese, language assistance services, free of charge, are available to you. Call 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).