

MEDICAL WEIGHT LOSS GUIDE

Charleston Area Medical Center Weight Loss Center

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WELCOME TO THE CAMC MEDICAL WEIGHT LOSS PROGRAM

Thank you for expressing your interest in the Medical Weight Loss Program at the CAMC Weight Loss Center. Our program provides a comprehensive, multidisciplinary approach for individuals with weight concerns and obesity-related disease. Our staff includes an experienced bariatric surgeon, a certified family nurse practitioner, registered dietician, certified exercise physiologist and a dedicated nurse coordinator.

Please read the materials provided in this packet and fill out the enclosed patient worksheet. It is important to provide as much detail as possible so that we can better assist you and help you meet your weight loss goals. Here at CAMC we provide an **INDIVIDUALIZED WEIGHT LOSS PLAN**. Therefore the answers you give to these questions will help us individualize a program that fits with your particular tastes and lifestyle. Please be as honest and complete as possible.

After you complete the questionnaire, be sure to either send it by mail or fax prior to, or bring it with you to your initial visit. The medical care provider will review this with you when you arrive.

Again, thank you for your interest in the Medical Weight Loss Program. Today starts your journey towards a healthier life. We look forward to assisting you in reaching your goals. If you have any questions about the contents of this packet, or any other questions, please contact us at (304)-388-4975.

Sincerely,

The Staff at CAMC Weight Loss Center.

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THE OBESITY EPIDEMIC

Obesity is a life-threatening disease affecting the United States at an alarming rate. Today, more than 97 million Americans, or more than one-third of the adult population, is overweight or obese. An estimated 10 million of those individuals are considered morbidly obese. An increase in 20 % or more over your “ideal body weight” is the point at which excess weight becomes a health risk. Obesity is the leading cause of preventable deaths in the U.S.- surpassing smoking - and associated with approximately 500,000 deaths per year in the U.S.

Obesity becomes “ morbid “ when it reaches the point of significantly increasing the risk of one or more obesity-related health conditions or serious diseases that result in significant physical disability or even death.

According to the National Institute of Health (NIH) Consensus Report, morbid obesity is a serious disease and must be treated as such. It is a chronic disease, meaning that its symptoms build slowly over an extended period of time.

Morbid obesity (or clinically severe obesity) is defined as:

- greater than 100 pounds overweight or*
- greater than 200 % of your ideal body weight or*
- body mass index (BMI) of greater than or equal to 40.*

The most common measurement for obesity is the Body Mass Index (BMI). Your BMI depends on both your weight and your height. The BMI calculation cannot distinguish between body muscle and fat. Thus, a very muscular person can be mistakenly classified as obese. For this reason, your physician should always consider your individual case.

The obesity categories adopted in 1988 by NIH are:

- BMI 19 to 24.9 – *Ideal*
- BMI 25 to 29.9 – *Overweight*
- BMI 30 to 34.9 - *Obese*
- BMI 35 to 39.9 – *Severely Obese*
- BMI 40 and up – *Morbidly Obese*

Please refer to BMI table on the next page to calculate you BMI. BMI calculators can also be found at www.cdc.gov.

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BMI TABLE

BMI Chart (lbs/in) BMI = lbs./inches² x 704.5

Weight (lbs.)	Height (ft)									
	4'9"	4'11"	5'1"	5'3"	5'5"	5'7"	5'9"	5'11"	6'1"	6'3"
154	33	31	29	27	26	24	23	22	20	19
165	36	33	31	29	28	26	24	23	22	21
176	38	36	33	31	29	28	26	25	23	22
187	40	38	35	33	31	29	28	26	25	24
198	43	40	37	35	33	31	29	28	26	25
209	45	42	40	37	35	33	31	29	28	26
220	48	44	42	39	37	35	33	31	29	28
231	50	47	44	41	39	36	34	32	31	29
243	52	49	46	43	40	38	36	34	32	30
254	55	51	48	45	42	40	38	35	34	32
265	57	53	50	47	44	42	39	37	35	33
276	59	56	52	49	46	43	41	39	37	35
287	62	58	54	51	48	45	42	40	38	36
298	64	60	56	53	50	47	44	42	39	37
309	67	62	58	55	51	48	46	43	41	39
320	69	64	60	57	53	50	47	45	42	40
331	71	67	62	59	55	52	49	46	44	42
342	74	69	65	61	57	54	51	48	45	43
353	76	71	67	63	59	55	52	49	47	44
364	78	73	69	64	61	57	54	51	48	46
375	81	76	71	66	62	59	56	52	50	47
386	83	78	73	68	64	61	57	54	51	48
397	86	80	75	70	66	62	59	56	53	50
408	88	82	77	72	68	64	60	57	54	51
419	90	84	79	74	70	66	62	59	56	53
430	93	87	81	76	72	67	64	60	57	54
441	95	89	83	78	73	69	65	62	58	55
452	98	91	85	80	75	71	67	63	60	57
463	100	93	87	82	77	73	69	65	61	58

<i>Body Mass Index Classification</i>						
Underweight	Ideal BMI	Overweight	Obesity	Severe Obesity	Morbid Obesity	Super Obesity
<19	19-25	25-30	>30	>35	>40	>50

Please note that the BMI does not distinguish between fat and muscle. It is possible for a heavily muscled individual to have a BMI in excess of 25 without increased health risks.

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THE RISKS OF OBESITY

Health risks

If you are morbidly obese, your risk of early death is doubled compared to non-obese individuals. Your risk of death from diabetes or heart attack is 5 to 7 times greater.

Obese people have more risk for:

- High blood pressure/ Heart disease
- Osteoarthritis of weight bearing joints
- Infertility
- Sleep apnea/ Breathing difficulties
- Type 2 Diabetes
- Depression
- Menstrual irregularities
- Gastroesophageal reflux/ Heartburn
- Gallbladder disease
- Sudden death
- Swollen legs/ Skin ulcers
- Urinary stress incontinence
- Lower extremity venous stasis
- Pulmonary embolism
- Skin breakdown
- High cholesterol
- Pancreatitis
- Cancers

If you already have some of these diseases, they can get worse. The more weight you gain, the more risk you have. As a result, your life expectancy is shorter.

Psychological and Social Well-Being Risks

Severely obese people often have a negative self-image and find themselves socially isolated. Obese children may be teased at school and have fewer friends. You may find it hard to buy clothes that look good. Bus or airplane seats and cars may be too small. You are also likely to be left out of social functions that require exercises.

Day-to-Day Living Risks

If you are severely obese, you tend to tire more quickly. You may also have a breathing problems. Not being able to move as well makes it difficult for some people to maintain personal hygiene.

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The CAMC Medical Weight Loss Program is a new program dedicated to the non-surgical treatment of obesity and obesity-related disease. The new program is an addition to the bariatric surgery program, run by surgeon Dr. Robert Shin, who has successfully treated over 600 patients for morbid obesity.

Our services include full medical evaluation and supervision, dietary counseling, behavior modification, and exercise therapy. Services provided include both one to one visits with all of our professionals, as well as monthly group sessions on various topics. Our medical professionals will be ordering and interpreting laboratory tests in order to monitor the safety and effectiveness of the program.

The Medical Weight Loss Program does not believe in the “one size fits all” philosophy of weight loss, and instead develops an “individual plan” that corresponds to the tastes and lifestyle of each individual. The plan can range from intensive very low calorie diet, to subtle changes in lifestyle, depending on the client’s needs. We occasionally use weight loss medications, but usually weight loss is successful without the use of additional medications. In the case of medication usage, we monitor very closely for safety.

Our 26-week program consists of a complete medical history and physical, with a comprehensive detailed dietary evaluation. The patient will see the physician or nurse practitioner individually at least nine times during the 26-week program. There will also be six 30-60 minute sessions with the registered dietitian and exercise physiologist. There will also be group sessions at times that the patient will be encouraged to attend.

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What is the philosophy of the Medical Weight Loss Program?

- The Medical Weight Loss Program is committed to improving the health and quality of life of our clients. We offer multidisciplinary care for overweight individuals in an individualized manner.

Who are the professionals who will participate in my care?

- Physician
- Nurse Practitioner
- Registered Dietitian
- Exercise Physiologist
- Nurse Coordinator

Who should participate in the Medical Weight Loss Program?

- The Medical Weight Loss Program is for individuals who are overweight and would like to improve their health and fitness who are:
 - Not candidates for bariatric surgery
 - Cannot afford bariatric surgery
 - May eventually desire bariatric surgery but would like to try a medical program first
 - Preparation for bariatric surgery

How long does the program last?

- Typically, the program is 6 months

What kind of diets does the Medical Weight Loss Program use?

- The Medical Weight Loss Program utilizes several different approaches depending on the individualized needs of the client.
 - Very Low Calorie Meal Plan (400-800 calories/day)
 - Low calorie meal plan (800- 1000 calories/day)
 - Modified meal plan (1000-1500 kcal/day)
 - Individualized meal plan

Does the Medical Weight Loss Program incorporate exercise?

YES! The Medical Weight Loss Program has a full-time exercise physiologist, and has fitness facilities on site.

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HEALTHY WEIGHT-LOSS: ATTITUDES AND TIPS

The success of weight loss should not be measured as whether one has achieved, usually transiently, the latest body image craze. Instead, it should be defined by the reduction of disease risks and the improvement of health. Of course, the same eating and exercise habits that improve health often lead to a healthier body weight, composition, and appearance - a bonus!

Many people make the mistake of comparing themselves, more specifically their figure and weight, to celebrities, other popular people, or people deemed the “beautiful people”. Many assume that any overweight person can achieve slenderness and should strive for that goal. Unfortunately, the media usually suggest a particular size and shape, which changes as the trends do. Consequently, only a very small fraction of the population will naturally fit this image while many more will painstakingly strive to confine themselves to such limits. This fuels a particular industry of weight-loss gimmicks, programs, and products. It even carries over to the attire industry. For example, the size and shape of clothing can change as the population changes, even though the number size assigned to a particular garment is the same. Trends set and control the market. One can see this from the very slender “Twiggy” days of the 1920’s to the less stringent, voluptuous days of Marilyn Monroe in the 1950’s to the slim, muscular, boy-like figure for women today. Men are not excluded. The pressures on men to be muscular and of a particular build are mounting.

The stereotype that overweight or obese people are lazy and lacking in self control is prejudicial and ignores the fact that biological and genetic factors play a major role in the development of weight problems. If it were easy to lose weight, everybody would be slim. However, there are some factors we can control, such as finding physical activity we enjoy and making healthier food choices. Healthier food can be flavorful and enticing. It just requires an open mind and the desire to try new things. America is a melting pot of different cuisines, and trying different herbs, spices, and flavorings can create a variety of delicious meals. Talking with a dietitian can help you plan an enjoyable, varied, healthy diet. No weight management program can succeed if you are bored or hungry.

Keep in mind that not everybody can be thin, but everybody can be healthier. Focus on healthy activities and lifestyles, which is incorporated into all aspects of your life. If you smoke, quit smoking. Walk. Enjoy consistent healthful eating patterns. You will be surprised how much better you will start to feel.

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TIPS FOR WEIGHT LOSS AND MAINTENANCE

- Limit even low-fat snacks to the serving size on the label. Just because something is low fat doesn't mean it doesn't have calories.
- Drink plenty of water (8 or more glasses per day) Water helps flush out waste created by weight loss. If you drink a lot of water you won't be thirsty for sweetened beverages, which add calories.
- Avoid sweetened beverages, including fruit juices and soda. These concentrated calories add weight and don't fill you up. If you have ever seen juice squeezed, you know that it takes several pieces of fruit to make one glass of juice. **EAT YOUR FRUIT, DON'T DRINK IT!**
- Share a restaurant meal with a friend, or wrap up half and save it for later. This will save you money, too.
- Make legumes, whole grains, and non-starchy vegetables and fruits central to your meal plan.
- Eat slowly and chew well. Put down your fork between bites.
- Limit high fat foods, particularly foods with high saturated and trans fats. "Partially Hydrogenated" on an ingredient label means trans fat. Choose lean cuts of meat and poultry, and low fat or skim milk. Use olive or canola oil and incorporate more nuts, fish, avocado, and nut butter products.
- Combine complex carbohydrates with some protein and fats to keep satiated longer.
- Do not skip meals. This will tempt you to overeat at the next meal, increase your craving for high fat, high calorie foods, and slow your metabolism. Routinely skipping meals causes your body to sense a fast coming on, which causes it to hold onto its extra reserves of fat. Put more demand on your body through physical activity and eating, not less by skipping meals. Try eating 4-5 small meals/snacks each day.
- Eat your largest meal during the most active part of your day usually morning or mid-day.
- Include more fiber, such as fruit and vegetables. Fiber helps to fill you up and give you a feeling of satiety.
- Eat without doing other activity. Eating while watching T.V., reading or socializing can lead to overeating.
- Listen to your body. Eat when you are hungry, not sad, anxious, or angry.
- Find physical activity that you enjoy. Get a friend involved or take a long walk. Use a walk-man to listen to music. Think of it as routine as brushing your teeth or just time for your thoughts to clear and wander.
- Anticipate losing 1-2 pounds per week. Any more than this will usually cause your body to lose water first, then a combination of fat and muscle. You do not want to lose muscle because it has a higher metabolism and therefore burns fat!
- Combine weight training with your exercise routine. Weight training stimulates muscle growth and eminence, which raises your metabolism and makes your body more efficient at burning fat. Just remember to get adequate protein to build your muscle.
- Talk to a dietitian. He or she can help you tailor a meal plan that can help meet your goals. Make your choices a lifestyle change.

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NAME: _____ **AGE:** _____

DATE OF BIRTH: ___/___/___ **SEX:** ___ Male ___ Female **SS#:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____

SPOUSE OR GUARANTOR'S NAME: _____

EMPLOYER: _____

PRIMARY INSURANCE: _____

SECONDARY INSURANCE: _____

REFERRING OR FAMILY PHYSICIAN: _____

REFERRING PHYSICIAN ADDRESS: _____

PAST MEDICAL HISTORY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Stroke | <input type="checkbox"/> Kidney diseases |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> GERD/Reflux | <input type="checkbox"/> Stress incontinence |
| <input type="checkbox"/> DVT | <input type="checkbox"/> Stomach ulcers | <input type="checkbox"/> Polycystic ovarian syndrome |
| <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Psychiatric disorders |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Lung diseases | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Neurological diseases | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Heart diseases | <input type="checkbox"/> Arthritis | |

FAMILY HISTORY:

- Obesity Diabetes Heart disease High blood pressure Cancer
 Others, explain _____

SOCIAL HISTORY:

- Alcohol
 Smoker
 Illicit Drug Use _____ Type

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PAST SURGICAL HISTORY:

ALLERGIES TO MEDICATIONS:

None **Yes**, please list below:

MEDICATIONS (Please list name, dosage and amount of times taken per day):

REVIEW OF SYSTEMS (Please mark all symptoms which apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Cold intolerance | <input type="checkbox"/> Black stools |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Blood in stools |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Burning with urination |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Cough | <input type="checkbox"/> Easy Bleeding |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Sweats | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Weakness/Paralysis |
| <input type="checkbox"/> Heat intolerance | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Depression/Anxiety |

I hereby authorize Charleston Area Medical Center Weight Loss Center to release information regarding my physical condition or treatment to

_____ (insurance company name(s)).

I also authorize the above insurance company(s) to pay directly to all the benefits due me under the above policy number(s) by reason of services rendered as provided for in the above policy(s).

I agree to pay all charges in excess of the amounts paid by the insurance company(s) named above.

SIGNATURE: _____ **DATE:** _____

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DIETARY QUESTIONNAIRE

WEIGHT HISTORY:

When did you have a problem with your weight first? _____

When did you begin to worry about your weight? _____

Why did you start to worry about your weight? _____

Why do you think you are overweight?

Which members of your family are overweight?

What was your lowest adult body weight? Age _____ Weight _____ pounds.

What was your heaviest adult body weight? Age _____ Weight _____ pounds.

What was your most weight loss? _____ pounds. After what? _____

What is your goal weight once you complete the program? _____ pounds.

When you have regained your lost weight, why do you think this occurred?

What do you feel are your barriers to keeping your weight off?

___ Lack of motivation

___ Lack of knowledge about nutrition

___ No support (family or friends)

___ Time issues

___ Others _____

Physical Activity:

Activity: _____

Frequency: _____

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DIETARY HISTORY:

How many meals do you have per day? _____

Do you frequently skip meals? ____ Yes ____ No

If you answered Yes, which meal(s) do you skip most frequently? And why?

Who plans the meals? _____

Who cooks? _____ And food shopping? _____

How many times do you eat out per week? _____

Which meal(s) do you eat out most frequently? ____ Breakfast ____ Lunch ____ Dinner

How often do you snack between meals? ____ 0 to 1 ____ 2 to 4 ____ 5 to 7 ____ Other

What do you snack on?

List your food cravings (candies, chocolate, fried foods, ice cream, starches, sweets, etc.)

Do you drink during your meal? ____ Yes. ____ No.

Do you drink alcoholic beverages? ____ Yes. ____ No.

How many drinks per week? _____

What types of drinks? _____

Do you smoke? ____ Yes. ____ No. If Yes, how many cigarettes per day? _____

Do you drink caffeinated coffee? ____ Yes. ____ No. How many times a day? _____

Do you drink caffeinated tea? ____ Yes. ____ No. How many times a day? _____

Do you take vitamin, mineral or nutritional supplements? ____ Yes, ____ No

If Yes, please list them.

Are you participating any type of special diet or eating plan? ____ Yes, ____ No

If Yes, please list them. How long did you/have you been participating?

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DIETARY HABITS:

What triggers you to eat?

Hunger Anger Depression Loneliness
 Lack of control Boredom Family gatherings Social situations

How often do you overeat or binge at meals/snacks? _____

Do you ever feel compulsive about foods? Yes. No.

Do you achieve feeling of fullness? Yes. No.

FOOD ALLERGIES

FOOD DISLIKES

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DIETARY HISTORY

Please list all foods and beverages eaten each day for **the last three days**.

	Time	
Breakfast		
Lunch		
Dinner		
Snacks		

	Time	
Breakfast		
Lunch		
Dinner		
Snacks		

	Time	
Breakfast		
Lunch		
Dinner		
Snacks		

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EMOTIONAL INVENTORY

It is well known that emotional issues play a major role in the development of weight problems. Sometimes we eat when we are upset, under stress, bored, or for other reasons. Please think carefully when answering these questions about how you feel about food and your weight, and how food makes you feel.

Answer each question using the following scale:

- 1- Never/Strongly Disagree
- 2- Rarely/Somewhat Disagree
- 3- Sometimes/Somewhat Agree
- 4- Usually/Mostly Agree
- 5- Always/Strongly Agree

_____ My mood changes when I gain or lose weight

_____ I overeat or binge at mealtimes or on snacks

_____ I am always thinking about food, even when not at mealtimes

_____ I feel full when I am finished eating

_____ My weight interferes with my daily activities

_____ I like to eat in front of the television

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MEDICAL WEIGHT LOSS PROGRAM CONTRACT

I, _____, authorize Dr. Shin and whomever he designates as his assistants, to help me in my weight reduction efforts. I understand that there are several different components to the weight management program in which I might participate, including very low calorie meal plans, and occasionally medications. This program is provided under strict medical supervision and is not entirely without risk. Potential complications of very low calorie meal plans include dizziness, fatigue, electrolyte disturbance and vitamin and mineral deficiency. Every effort will be made to avoid these complications. Risks to weight loss medications include heart palpitations, dry mouth, dizziness, high blood pressure and gastrointestinal disturbance.

I further understand that the risk of remaining obese far exceeds the risks associated with the program, and include impaired glucose tolerance and diabetes, heart failure, atherosclerosis and myocardial infarction, osteoarthritis, sleep apnea, and sudden death.

I understand that success in any weight loss program requires intense commitment. I agree to follow any plan prescribed to me, participate in any exercise program recommended, and attend all scheduled visits to the program. I understand that a pattern of noncompliance or missed appointments may lead to dismissal from the program. I understand that if I am becoming frustrated or am having difficulty reaching my goals I will have to opportunity to discuss this with a physician or nurse practitioner.

If you have any questions regarding the risks or hazards of the proposed treatment, ask your physician or nurse practitioner before signing this consent form.

I have read this consent form, understand its contents and have had the opportunity to discuss it with a physician or nurse practitioner.

CLIENT PRINT NAME

CLIENT SIGNATURE

PHYSICIAN/NP NAME

PHYSICIAN/NP SIGNATURE