

WEIGHT MANAGEMENT INTAKE FORM

Dr Y. Kangong

BREAKER'S HEALTH

Located inside Saddletowne Medical Clinic

914 Saddletowne Circle N.E

Calgary, Alberta. T3J 5M1

Tel- 403-590-7710 Fax:403-590-7113

Your first appointment is appropriately 30-45 mins in length. 48 hours cancellation notice is required, or a No-Show fee may apply.

How did you find out about this clinic? Friend, Family, Internet, Physician referral, Other.

Name: _____

Date of Birth: _____

PHN (Provincial Health care number): _____

Referring Dr / Prac ID: _____

Section 1: Weight History

Current Weight kg/lb (if known) _____

Current Height cm/ft (if known) _____

BMI _____

History of Present Illness (HPI): Weight History

- Age of onset: child, teen, adult, perimenopausal
- What was the highest weight ever? _____ The lowest _____ or "best weight?"
- Rate of weight gain: what was the weight one year ago? One month ago?
- Any major life events contributing to weight gain such as marriage/divorce, pregnancies, new job, relocation, retirement?
- What has been tried in the past?

- Self-directed “popular” diets (Keto diet, DASH diet, Mediterranean diet , Low fat diet , South Beach diet , Nutrisystem, Low calorie diet , Low carb diet –etc.

- Support groups, over-the-counter medications:

- Medically supervised programs :

- Prescription weight loss medications :

- Meal replacement programs :

- What worked best?

- What didn’t work?

- What motivates you to lose weight now?

Weight Cycling

How many times in your life would you estimate you have lost the following numbers of pounds?

I have lost 10 lbs. _____ times.

I have lost 20 lbs. _____ times.

I have lost 50 or more lbs. _____ times

Section 2: Medical History

Medical Conditions:

Breakers Health

Allergies: Medications / Food

Medications (including any over the counter medications:

Any previous Surgeries? YES/NO – If Yes list them

Any Bariatric surgery if so, type

Obstetrical History:

Section 3: Nutrition / Dietary Pattern

- Food quality: junk foods, soda, juice – How many times/week
- Sweets- (Cakes, cookies, pastries, candies) - How often/ week
- Patterns: defined mealtimes and snacks versus grazing- YES/ NO
- Eating Triggers: places, activities, emotions (comfort, stress, boredom, anger)
- Reasons for eating out: convenience, work, leisure, enjoyment
- Coffee/Tea- how many times/week _____. Sugar quantity _____.
- What type of milk do you use? Skim, 1 %, 2%, 3.25%, cream, other.
- Access to healthy/unhealthy food in house? Circle Yes or No
- Influence of other household members on eating (i.e. who prepares the food?) :
- Meal planning? Circle Yes or No
- Do you eat 3 meals a day? Circle Yes or No
- Do you eat at regular times each day? If so, at what times?
- How much water do you drink a day?
- Is there a designated eating area or is eating done in front of TV or computer
- Which is your largest meal of the day? (Circle one) Breakfast lunch dinner
- Do you include and/or a vegetable serving at every meal? Yes Sometimes No

Sleep Apnea Screening Questionnaire (STOP BANG)

1. Snoring Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes/No
2. Tired Do you often feel tired, fatigued, or sleepy during daytime?	Yes/No
3. Observed apnea Has anyone observed you stop breathing during your sleep?	Yes/No
4. Blood pressure Do you have or are you treated for high blood pressure?	Yes/No
5. BMI more than 35 kg/m²?	Yes/No
6. Age Age over 50 yr old?	Yes/No
7. Neck circumference Neck circumference greater than 40 cm?	Yes/No
8. Gender Gender male?	Yes/No
High risk of OSA: answering yes to three or more items Low risk of OSA: answering yes to fewer than three items	

STOP Bang Questionnaire: A Practical Approach to Screen for Obstructive Sleep Apnea.

Chung F at al. Chest 2016 Mar;149 (3) 631-8

Screening for Anxiety/Depression, binge eating disorder/night eating syndrome - In Clinic

Thank you for taking time to fill out this form. Please bring it with you to your appointment. Let us work together to achieve your goals.

Dr Yvonne Kangong MD, MPH, CCFP, Diplomate, American Board of Obesity Medicine (ABOM).

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