

HORIZON FAMILY MEDICAL GROUP

MEDICAL WEIGHT MANAGEMENT INTAKE FORM

Patient Name: _____ DOB: _____ Date: _____

Primary Care Provider/Office: _____

1. WEIGHT HISTORY & GOALS

- Current Height: _____ Current Weight: _____ Calculated BMI (Staff): _____
- What is your target/goal weight? _____
- What is your highest adult weight? _____ (Age: ____) Lowest adult weight? _____ (Age: ____)
- What is your primary motivation for addressing your weight at this time?

☐ Overall Health ☐ Joint Pain/Mobility ☐ Energy Levels ☐ Disease Management ☐ Other:

2. PREVIOUS WEIGHT LOSS EFFORTS

- Which of the following have you tried in the past? (Check all that apply):

☐ Commercial plans (WeightWatchers, Noom, Jenny Craig, etc.) Dates: _____

☐ Self-directed (Low-carb, Keto, Calorie counting, Intermittent fasting) Dates: _____

☐ Medical weight loss clinics or structured meal replacements Dates: _____

☐ Bariatric surgery (Type and Year: _____)

- Have you ever taken prescription weight-loss medications? (e.g., Phentermine, Wegovy, Ozempic, Zepbound, Foundayo, Saxenda, Qsymia, Contrave)

☐ No ☐ Yes (Please list names, dates, and any side effects):

3. MEDICAL & LIFESTYLE SCREENING

- Do you have a history of any of the following conditions? (Check all that apply):

☐ High Blood Pressure ☐ Sleep Apnea (CPAP user? ☐ Yes ☐ No) ☐ Thyroid Disease

☐ Type 2 Diabetes ☐ Heart Disease / Arrhythmia ☐ Fatty Liver Disease

☐ High Cholesterol ☐ Polycystic Ovary Syndrome (PCOS) ☐ Depression / Anxiety

- Have you ever been diagnosed with or treated for an eating disorder (e.g., Binge Eating, Bulimia)?

☐ No ☐ Yes:

4. DIET & BEHAVIORAL HABITS

- How many meals do you typically eat per day? ☐ 1 ☐ 2 ☐ 3 ☐ 3+ plus snacks
- What times of day are most challenging for managing your food intake?
☐ Morning ☐ Afternoon ☐ Evening ☐ Late Night ☐ Constant grazing
- How many times per week do you eat meals prepared outside the home (fast food, restaurants)? _____
- Sugar-Sweetened Beverages: How many sodas, juices, sweet teas, or specialty coffees do you drink:
Daily? _____ Weekly? _____
- Physical Activity: How many days per week do you engage in moderate exercise (e.g., brisk walking)?
☐ 0 days ☐ 1–2 days ☐ 3–4 days ☐ 5+ days (Average duration per session: _____ minutes)
- Sleep: How many hours of sleep do you average per night? _____
Do you wake up feeling rested? ☐ Yes ☐ No

5. TREATMENT PREFERENCES

- Which treatment modalities are you interested in discussing today? (Check all that apply):
☐ Nutritional counseling and lifestyle changes
☐ Prescription weight-loss medications
☐ Referral to a registered dietitian
☐ Referral for a bariatric surgery consultation

6. WEIGHT LOSS MEDICATION - INSURANCE COVERAGE

- Check with your insurance if there is coverage for weight loss medications, specifically: Wegovy, Zepbound, Foundayo, Contrave, Qsymia, Phentermine.
- If covered, they will always require a prior authorization, which may take up to 2 weeks to process.
- If not covered, there are self-pay discount options direct through the pharmaceutical company or through prescription discount programs like GoodRx.
- Prescriptions for weight loss medications will require close follow up with the provider/office for continued refills.