



Elite Primary Care: Weight Management

Welcome to Elite Primary Care. We are excited to partner with you in your weight management journey. To provide personalized and efficient care, please review the information below and complete this form before your visit.

1. Getting started

- **Forms and resources:** Please complete the Weight Intake Form before your appointment so that your visit can focus entirely on you.
- **Antibesity medication review:** Please review potential medication options in advance so you feel prepared to discuss them with your provider.
- **Insurance check:** Consider contacting your insurance company or HR department to confirm which weight loss medications are covered under your plan.
- **Medication list:** Please bring an up-to-date list of all medications you are currently taking.

2. Your follow-up schedule

- **Monthly visits:** Most patients are scheduled for monthly follow-up visits to support progress and accountability.
- **Maintenance phase:** After you reach your goals, follow-up visits are typically spaced every 12 weeks to help maintain your results.
- **Virtual visits:** After your initial in-person consultation, virtual follow-up visits are available for your convenience.

Weight Intake Form

Weight history & motivation

- **Weight timeline:** Please describe your weight over time (for example, by years or life events) and any factors that contributed to weight gain or loss.

- **Motivation:** Why do you want to lose weight at this time?

- **Previous experience:** What strategies or approaches have helped you lose weight in the past?

- **Formal programs:** Have you participated in programs such as Noom, Weight Watchers, or Jenny Craig? If yes, which program(s) and for how long?

- **Eating patterns:** Do you experience times when you eat more than planned or feel out of control with eating? If yes, how often?

Health & sleep screen

Please answer Yes or No:

- Do you snore? Yes No
- Has anyone told you that you stop breathing in your sleep? Yes No
- Do you have headaches in the morning? Yes No
- Do you often feel very sleepy or able to fall asleep almost anywhere? Yes No

Readiness & interest

- **Medication interest:** On a scale from 1 (Not interested) to 10 (Very interested), how interested are you in using medications to help with weight loss?
Score: _____
- **Confidence:** On a scale from 1 (Not confident) to 10 (Very confident), how confident are you that you will be able to lose weight?
Score: _____

Lifestyle & nutrition

What does a typical day of eating look like for you?

- Breakfast: _____
- Lunch: _____
- Dinner: _____
- Snacks/Drinks: _____
- **Weekends:** How does your eating change on weekends or special occasions?

- **Dining out:** How often do you eat at restaurants, get takeout, or fast food?

- **Exercise:** What types of physical activity do you currently do, and how often?

- **Restrictions:** Are there any foods you cannot or do not eat (for example, allergies, intolerances, religious or personal preferences)?

Medical history for medication planning

To help choose the safest weight loss medication options, please indicate whether you have a history of any of the following (Y/N):

- Heart disease or uncontrolled high blood pressure
- Glaucoma or history of kidney stones

- Intolerance to caffeine or stimulants
- Anxiety or depression
- Severe migraines or history of seizures
- Tobacco use or recreational drug use
- Currently taking opioids or upcoming surgeries
- Alcohol intake (amount per week: _____)
- Diabetes, prediabetes, or gestational diabetes
- Pancreatitis or gallbladder disease
- Family history of thyroid cancer or endocrine neoplasia
- Fear of needles or self-injections
- Currently pregnant, breastfeeding, or trying to conceive
- Using contraception (if sexually active)

Insurance coverage checklist

Please circle any weight loss medications that you know are covered by your insurance plan:

- Zepbound
- Wegovy
- Mounjaro
- Ozempic
- Other: _____