

**Family Medicine Associates of Lincoln County, PLLC**

**Weight Loss Program**

**Patient Medical Screening**

- 1) Have you ever had any heart conditions including heart attack, coronary artery disease, arrhythmias (irregular heart beat), valvular disorders or heart murmurs?**

**Contraindication:** heart attack, coronary artery disease is a contraindication for program.

**Medical Clearance needed:** valvular disorder, heart murmurs **\*Transfer to NURSE\***

- 2) Do you have hypertension (high blood pressure)?**

We will check your blood pressure during each visit to make sure that it is controlled. If you take medication for your blood pressure please bring this information to your first visit.

- 3) Do you have a history of hyperthyroidism (over active thyroid hormone)?**

Is it under control with or without medication?

**Contraindication:** uncontrolled hyperthyroidism is a contraindication for appetite suppressant/diet pill use.

- 4) Do you have a history of drug abuse or alcohol abuse?**

**Contraindication:** drug abuse (cocaine), etc is a contraindication for appetite suppressant/ diet pill use.

**Caution:** alcohol & appetite suppressants place pt at high risk for seizures **\*Advise Patient\***

- 5) Have you ever had a stroke or TIA (Transient Ischemic Attack – mini stroke)?**

**Medical Clearance needed:** requires clearance from neurologist **\*Transfer to NURSE\***

- 6) Have you ever had Narcolepsy (sleeping disorder)?**

**Contraindication:** stimulant drugs used for Narcolepsy CANNOT be combined with appetite suppressants/ diet pills.

- 7) Have you ever been diagnosed with Attention Deficit Disorder (ADD)?**

**Contraindication:** medications used for ADD or ADHD are contraindicated with appetite suppressant/ diet pill use.

- 8) Have you ever had any psychiatric conditions including a medical diagnosis of Bipolar Disorder or Schizophrenia?**

**Contraindication:** medication used for Bipolar or Schizophrenia disorders are contraindicated with appetite suppressant/ diet pill use.

**9) Have you ever been diagnosed with any form of glaucoma?**

**Medical Clearance needed:** requires clearance from ophthalmologist for appetite suppressant/ diet pill use.

**\*Transfer to NURSE\***

**10) Have you ever been diagnosed with any type of cancer? If yes, what type?**

**Contraindication:** breast cancer, prostate cancer, testicular cancer for HCG shot use.

**11) Have you ever had a seizure?**

**Medical Clearance needed:** requires clearance from neurologist for appetite suppressant/ diet pill use.

**12) Do you have a history of blood clots or a blood clotting disorder?**

**Medical Clearance needed:** for HCG use only.

**13) If you are pregnant, may be pregnant or breastfeeding, you will be ineligible for the program.**

\*Must wait 6 weeks post-partum (after delivery) and have 1-2 regular menstrual cycles prior to starting weight loss program.\*

**Reminders**

- A) We are unable to accept *personal checks* or *INSURANCE*. Patients must pay with *CASH, Debit/Credit cards* or their *flex spending account*. If they desire they may request a detailed receipt for their flex spending account claims.
- B) Patients will require a recheck of their *weight, BMI, pulse/heart rate and BP* (blood pressure) with each office visit prior to being dispensed an appetite suppressant.
- C) Upon arrival at **EVERY** appointment patients will be required to show a valid photo ID (passport, etc.) or drivers license.
- D) Costs:
  - Initial office charge: **\$80.00** (includes screening, orientation and provider visit)
  - Revisit office charge: **\$50.00** (includes screening & provider visit)
  - HCG Shots: **\$9.00** per injection (weekly injections & weight check recommended)
  - Vitamin B12 monthly injection: **\$12.00** per injection
  - Appetite suppressant/ Diet pill: **\$0** (will individually write prescription to desired pharmacy)
- E) Time
  - Initial office visit: 1.5-2hrs (please arrive early)
  - Revisit office visit: 15-30mins
  - Weekly HCG & weight check visits: 5-10mins.