



941-260-7804
4144 20th St W
Bradenton, FL 34205



YOUR PERSONALIZED WEIGHT LOSS JOURNEY

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone number _____

DOB _____ AGE _____ SEX _____

HT _____ WT _____

Your weight range over the years _____

Goal weight _____ Goal date _____

Do you exercise, if so, what do you do and how many minutes each week?

How many calories do you consume each day? _____

Do you eat a balanced diet? _____

How much water do you drink every day? _____

Do you drink caffeine, including coffee or soda, if so, how much?

What is your downfall? _____

Are you a bored eater? _____ Are you a stress eater? _____

Do you drink alcohol, if so, how much each week? _____

Do you smoke? _____

Tell me about your weight loss attempts and successes?

ALLERGIES: _____

MEDICATIONS: _____

PAST SURGICAL HISTORY:

FEMALES

Are you pregnant or desiring pregnancy? _____

Are you in Menopause? _____

Are you on hormone therapy? _____

PAST MEDICAL HISTORY:

Cardiovascular:

Do you have a history of heart problems? _____

Have you ever had an irregular heart rhythm? _____

Do you have heart palpitations? _____

Have you had a heart attack? _____

GI:

Do you have any history of diarrhea or constipation? _____

Have you had any abdominal surgery? _____

Do you have a history of pancreatitis? _____

Neurological:

Do you have a history of migraines or headaches? _____

Do you have a history of stroke? _____

Do you have a history of insomnia or any sleep disorder? _____

Cancer:

Do you have a history of medullary thyroid cancer or multiple endocrine neoplasia? _____

ASSESSMENT

E66.3 Overweight

E66.9 Obesity, Unspecified

Z68.25-29.9 Body mass index (BMI) 25-29.9, adult

Z68.30-Z68.39 Body mass index (BMI) 30.0-39.9, adult

Z68.4 Body mass index (BMI) 40 or greater, adult

Z68.41 Body mass index (BMI) 40.0-44.9, adult

Z68.42 Body mass index (BMI) 45.0-49.9, adult

Z68.43 Body mass index (BMI) 50-59.9, adult

Z68.44 Body mass index (BMI) 60.0-69.9, adult

Z68.45 Body mass index (BMI) 70 or greater, adult

PLAN

- Assess readiness to make lifestyle changes to achieve weight loss
- Determine weight loss and health goals _____
- Measurements/Pictures
- Decide on diet option
- Calorie Reduction
- EKG

Medications

- Phentermine 37.5 mg capsule 1 po QD
 - Phentermine-topiramate 3.75 mg/23 mg for 14 days and then 7.5/46 mg, 11.25/69 mg with a daily max dose 15/92
 - Bupropion-naltrexone 8/90 mg tablet 1 daily for 1 week increase to 1 BID and then 2 BID
- Simaglutatide 0.25 mg SQ weekly x 4 weeks increasing (0.5,1, 1.7, to max of 2.4 intervals to target dose of 3 mg daily
- Mounjaro 2.5 mg SQ weekly increasing every 4 weeks to max 15 mg
- AOD 960 0.4 ml SQ injection 5 x a week x 12 weeks

Supplements

B12 injection
MICC injection
Ultra B injection

