

Progressive Medical Associates Weight Management  
13220 Rosedale Hill Avenue, Huntersville, North Carolina 28078

Your appointment is scheduled on: \_\_\_\_\_

**Please try to arrive 15 minutes early in order to allow time for your full visit. If you are not able to keep the appt, please let us know within 24 hrs by calling [704-766-0320](tel:704-766-0320).** A cancellation fee of \$75.00 will apply if cancellation is not received within 24 hours.

Please bring this information with you to your appointment. The information packet is helpful as it allows more discussion time with you at your initial visit. If you have any outside labs, then bring the most recent copy with you to the visit to avoid additional labs.

**Location:** 13220 Rosedale Hill Avenue, Huntersville, North Carolina, 28078

**Labs:** Labs may be obtained at the initial visit and any previous labs will be reviewed so they are not duplicated. It is important that you are fasting (not consumed any food or drink other than water in the last 6 hours) so that the labs are accurate. You may have had fasting labs recently, but possibly the labs considered at this visit were not included in a set of previous "fasting" labs. You do not need to arrive fasting if you are diabetic. If your appt is late in the day, then you can return another day for fasting labs so you do not have to fast all day. **If you are not a patient of Progressive Medical, and have had labs in the past 3 months, please try to bring a copy so labs are not duplicated.**

**What to expect:** Your initial visit will be about 45 minutes. A follow-up visit is scheduled in 2-4 weeks based on your visit and these visits are 15-20 minutes. We will discuss lifestyle modifications, incorporate this into a plan, and determine follow up visits at the initial visit.

**Fees:** Visits are billed based on individual insurance plans. Visits are treated as if you were visiting your primary care provider, not a specialist. It is important that you are also familiar with your insurance plan. Your initial visit will be billed at a higher rate as it is a lengthy consult. Follow up visits are billed at a lower rate and are 15-20 minutes.

At your initial consultation appointment we are going to be performing a **body composition analysis** for you using our latest equipment, the InBody 230.

In order for this test to be performed with adequate results, the following guidelines need to be met.

Do not eat any food for 4 hours prior to your appointment time

Do not drink caffeine (sodas, coffee, tea, etc...) on the day of your appointment

Do not drink alcohol for 24 hours prior to your appointment time

Do not exercise for 12 hours prior to your appointment time

Hydrate with water well the day before your test

Insure access to both feet with removable footwear (must have bare feet on machine)

Do not put lotion on hands and feet day of appointment

I look forward to meeting you. My goal is to create a comfortable environment so we can unravel what has not worked and create a plan and lifestyle change that will work long term. Weight loss and weight maintenance is specific to each person and this is why an individual assessment is important. We will discuss nutrition, lifestyle, medications, and anything that could be making it difficult to lose weight or maintain weight loss. I will communicate with your primary care provider if necessary so we can work together to support your success long term.

Dr Cathy Head, DNP, ANP-BC  
Nurse Practitioner

**Nutrition Evaluation:**

1. Present Weight: \_\_\_\_\_ Height (no shoes): \_\_\_\_\_
2. What is the main reason for your decision to lose weight? \_\_\_\_\_
3. When did you begin gaining excess weight? (Give reasons, if known): \_\_\_\_\_  
\_\_\_\_\_
4. What has been your maximum lifetime weight (non-pregnant) and when? \_\_\_\_\_
5. Previous diets you have followed: \_\_\_\_\_ Give dates and results of your weight loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How often do you eat out lunch? None \_\_\_\_\_ 1-2 x/wk \_\_\_\_\_ 3-4x/wk \_\_\_\_\_ >5x/wk \_\_\_\_\_
7. How often do you eat out dinner? None \_\_\_\_\_ 1-2 x/wk \_\_\_\_\_ 3-4x/wk \_\_\_\_\_ >5x/wk \_\_\_\_\_
8. How often do you eat "fast foods?" \_\_\_\_\_
9. Food allergies/Intolerances: \_\_\_\_\_
10. Food(s) you crave: \_\_\_\_\_
11. When is your greatest time of hunger? \_\_\_\_\_
12. **Calorie containing** beverages such as soda, sports drinks, or juice **consumed per day** (in oz) \_\_\_\_\_
13. Diet beverages such as diet soda \_\_\_\_\_ (per day) **Regular sodas** \_\_\_\_\_ (per day)
14. Do you drink alcohol? Yes No What? \_\_\_\_\_ How much daily? \_\_\_\_\_

**Emotional Eating:**

1. Are there any emotional factors that influence your eating? Yes No
2. Do you get up and eat during the night? Yes No
3. Do you struggle with hunger? Yes No
4. Do you get most of your calories after 5PM? Yes No
5. Do you ever eat until you feel miserable or lose control of eating? Yes No
6. Are emotions a factor in choices or portion sizes? Yes No
7. List any comfort foods you choose when feeling these emotions: \_\_\_\_\_  
\_\_\_\_\_
8. What do you feel have been barriers to losing weight? \_\_\_\_\_  
\_\_\_\_\_

