

My Best Weight Program

Barrie Community Health Centre

www.connectbchc.ca

REFERRAL FORM

Phone: 705-734-9690 ext. 283

Fax: 705-719-4877

490 Huronia Rd, Barrie ON, L4N 6M2

NOTE:

Referral **MUST** be accompanied by the following in order to be accepted:

- Complete medical history
- Active medication list
- Recent labwork (A1c, eGFR, sTSH, lipid profile)
- Completed Client History Questionnaire

Client **MUST** reside in catchment area (Postal Codes L4N, L4M, L9S, L0L, L9X)

PATIENT IDENTIFICATION

First Name:

Last Name:

Health Card #:

Version Code:

DOB (d/m/y):

Address:

City:

Province: ON

Postal Code:

Phone (Main):

Phone (Other):

MEDICAL INFORMATION

Height:

m ft

Weight:

lbs kg

BMI:

REFERRING CLINICIAN

Referring Clinician:

MD NP

Billing Number:

Address:

Phone:

Fax:

Clinician Signature:

Date:

Our office will contact your client with an appointment time and date.

Please note, information about our program, referral form and Client History Questionnaire can be accessed on our website at www.connectbchc.ca



Client Name:

DOB:

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CLIENT HISTORY QUESTIONNAIRE

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Please note, this form **must** be sent with referral form.
This form will take approximately 10 minutes to fill.

Answering this survey will help determine if this program is right for you at this time.

Section I: Readiness

1. On a scale of 1-10, (1 – low, 10 – high) how important is it for you to lose weight?

2. On a scale of 1-10, (1 – low, 10 – high) how ready do you feel to make behaviour changes to support weight loss?

3. If you lost 5-10% of your weight, would you consider that a success? Yes No

4. To successfully participate in this program, we must be able to arrange an appointment at least once every 2-4 weeks; is this a commitment you are able to make at this time? Yes No

5. How does your excess weight impact you?

Section II: Weight History

1. Weight history:
Current weight? lbs
Highest adult weight? lbs What age?
Lowest adult weight? lbs What age?

2. At what age did weight become a concern for you?
 years old

3. Do you connect your weight change to a specific life event? Yes No
If yes, what was it?

4. Do you have a desired weight? Yes No
If yes, what weight would you like to reach?

Client Name:

DOB:

Section III: Lifestyle

1. What best describes your smoking history?

I have never been a smoker

I currently smoke (if so, how many cigarettes per day?)

I quit smoking (if so, how long ago?)

2. Do you currently have a problem with alcohol or drug use?

Yes No

3. In the past, have you ever have a problem with alcohol or drug use?

Yes No

4. Over the past 6 months, has your health prevented you from exercising?

No Yes (if yes, please check factors preventing you from exercising)

Weight

Arthritis/Joint pain

Fracture/Sprain

Lack of interest

Heart problems

Asthma

Low mood

Other

5. Do you do any planned physical activity?

Yes No

If yes, what type of activity and how many times per week?

6. Are you physically active at work?

Yes No N/A

7. Is there a particular time of day that you find that you are more vulnerable to overeating?

No Yes

If yes, when?

8. Do you consider yourself to be an emotional eater?

Yes No

9. Do you get food cravings that are hard to ignore?

Yes No

If yes, how strong are they? (1 – very weak, 10 – overwhelming)

10. How often do you skip meals? Any particular meal?

11. How often do you eat out or order in a meal?

12. Have you ever been diagnosed with Anorexia or Bulimia?

Yes No

13. Have you ever been diagnosed with Binge-Eating Disorder?

Yes No

14. Do you have times when you binge (eat a large amount of food in a short amount of time)?

Yes No

Client Name:

DOB:

Section IV: Prior Weight Management Strategies

1. Have you ever taken medications for weight loss?

No Yes (please check all medications that apply)

Xenical/Orlistat Contrave Victoza

Saxenda Other:

2. Have you ever had surgery for weight loss?

No Yes

If yes, when?

Lap-band Roux-en-Y Gastric Bypass

Gastric Sleeve Vertical Banded Gastroplasty (stomach stapling)

Duodenal Switch Biliopancreatic Diversion

Section V: Medical Conditions

1. Have you ever been told about any of the following conditions:

If yes, please specify/record medications and doses:

High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Fatty liver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Thyroid issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Heart issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Digestive issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Sleep apnea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Depression or Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Post traumatic stress disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Other mental health concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Polycystic ovarian syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

2. Please list any other medications, supplements or herbal preparations you take:

Client Name: DOB:

My Best Weight Program FAQ

Welcome! The My Best Weight program is offered by Registered Dietitians and Registered Nurses and is medically managed by Dr. Diane Zatelny, MD FCRP (C) at the Barrie Community Health Centre.

What does Best Weight mean?

We throw out concepts such as target weight, ideal weight and goal weight in favour of a Best Weight.

Your Best Weight is the weight that you can achieve while living the healthiest lifestyle you can truly enjoy.

What does the program involve?

Losing weight and keeping it off is not as simple as 'eat less and move more.' We now know that obesity is a chronic disease, just like diabetes or asthma and should be treated as such.

Your Nurse or Dietitian will talk about food choices and exercise but will also focus on the thoughts and emotions that affect your decisions about what you eat. We will discuss the option of using medications to help treat obesity as a chronic disease, but use of medications is NOT mandatory to be a part of this program.

We will provide nutritional information, education and guidance, however our focus is not on providing meal plans.

How much does it cost?

There is no cost to participate.

How much weight can I expect to lose?

In this program, we will provide you with realistic options, based on sound evidence and clinical expertise, that may help you lose 5 – 10% of your starting weight. Studies show that a weight loss of 5% can significantly improve your health.

While this program is called 'My Best Weight', we place the most emphasis on non-scale victories such as energy, sleep and health changes. We also focus on how we feel about ourselves regardless of the scale.

Please visit our website at www.connectbchc.ca for additional information