Center for Metabolic Health and Weight Management

Metabolic Health and Weight Management
Core Program Intake Form

In order for us to process your enrollment form quickly and accurately, please print legibly and be sure to complete the entire form. Please mail this form back to the clinic in the enclosed pre-addressed envelope or e-mail the form to HFWM@hfhs.org prior to your first appointment. If you are unsure of what to do, please contact a staff member for assistance at 734-285-7420.

Mr. Ms. Mrs. (circle one) First Name: _____ MI: _____ Last Name: _____

I identify my gender as: _____ DOB: ____/____/_____

E-Mail Address: _____ Address:_____

City: _____ State (Province): _____Zip (Postal Code): _____

Home Phone: (_____)_____ Other Phone: (_____)_____

If you are a Henry Ford patient, do you use MyChart? (circle one) Yes | No | I don't know

Indicate what types of medication you are currently taking (prescription and over the counter—choose all that apply):

- ☐ NONE
- ☐ for Weight Loss
- ☐ for High Blood Pressure
- ☐ for Heart Disease
- ☐ for Birth Control
- ☐ for Hormone Replacement
- ☐ for Diabetes
- ☐ for Depression
- ☐ for Anxiety
- ☐ for Sleep
- ☐ for Hypothyroidism
- ☐ for Gout
- ☐ for Allergies
- ☐ OTHER (please list: _____)

Please list any current intake of vitamins, minerals and/or herbal supplements (including frequencies and dosages):

List ALL medication you are currently taking below (prescription and over the counter). Please include the name of the medication, dosage, and frequency for each medicine. Use separate sheet if necessary:

:

List any medication allergies:

List any food allergies or intolerances:

What is your experience with smoking tobacco? (choose one):

☐ Never smoked ☐ Quit smoking ☐ Less than pack/day ☐ Up to 2 packs/day ☐ More than 2 packs/day
If you smoke or used to smoke, How long? _____ yrs If you quit smoking, when? (date)_____

Do you use alcohol? (choose one):

☐ Never ☐ Quit drinking ☐ Less than 3 drinks/week ☐ Up to 14 drinks/week ☐ More than 14 drinks/week

What types of physical activities do you enjoy?

How often do you participate in these activities?

What regimented exercise do you do regularly?

Your level of enjoyment in regimented exercise is:

Do not enjoy at all 1 2 3 4 5 Enjoy very much

How many hours of television do you watch every day?

How physically active are you at work?

Sedentary (desk job) 1 2 3 4 5 Very active (lots of walking, heavy lifting, etc.)

How physically active are you at work?

Do you experience physical discomforts that limit your ability to move or be active? ☐ Yes ☐ No

If yes, please describe: _____

Your level of interest in losing weight is:

Not interested 1 2 3 4 5 Very Interested

How much support can your family provide?

No support 1 2 3 4 5 Much support

How much support can your friends provide?

No support 1 2 3 4 5 Much support

How confident are you that you can change your lifestyle at this time?

Not confident 1 2 3 4 5 Very confident

What is the hardest part about managing your weight?

What has been your lowest body weight as an adult?	Your heaviest weight as an adult?	At what age did you start trying to lose weight?

Please list the factors you feel have contributed to your current weight (check all that apply):

- ☐ Weight gain following an injury
- ☐ Pregnancy
- ☐ Poor food choices
- ☐ Stress-related eating
- ☐ Slow metabolism
- ☐ Family history of obesity
- ☐ Comfort food dependency
- ☐ Lack of exercise
- ☐ Binge eating
- ☐ Late night snacking
- ☐ History of trauma
- ☐ History of grief and loss
- ☐ Medication-related weight gain
- ☐ Significant restrictive eating behaviors (ex. anorexia)
- ☐ Purging behaviors including laxatives, self-induced vomiting or over exercising
- ☐ Other (please list):

Weight Loss Therapies	Timeframe	Please describe your experience with this therapy
Medications: Meridia, Alli, Phentermine, Adipex, Dexatrim, Metabolife, Acutrim, Qsymia, Belviq, Contrave, Saxenda, Prozac, Metformin, Paxil Other:		
Nutritional supplements such as B12 Shots, HCG shots or diuretics		
Low Carb Diet: South Beach, Atkins, Keto		
Physician-supervised diet plan		
Weight Watchers		
High Protein-Liquid Diet or Meal Replacement Programs: Medical Weight Loss, Opti-Fast, Medi-Fast, LA Weight Loss, HMR, Jenny Craig, Nutri-System		
Registered Dietitian counseling or other counseling or therapy		
Gyms, exercise programs or fitness clubs		
Acupuncture or hypnosis		
Other:		
If you regained weight, what do you think was the primary reason?		

How frequently do you (please circle one):		
Never = Less than 1x/month	*Sometimes = 1x/month to 1x/week*	*Often = 2x/week or more*
Skip breakfast (ie not eat within one hour of awakening)?		Never Sometimes Often
At any point during the day, go more than 4 hours without eating anything?		Never Sometimes Often
Snack on high-calorie foods before bedtime?		Never Sometimes Often
Awaken to eat in the middle of the night?		Never Sometimes Often
Eat in isolation due to embarrassment that what, or how, you are eating may be criticized by others?		Never Sometimes Often
Eat large amounts of food, beyond satisfying hunger, to the point of discomfort, guilt and with feelings of being out of control?		Never Sometimes Often
Do something else while you're eating (mindless eating)?		Never Sometimes Often
Eat fast foods (venue that has a drive-thru or prepares the food in under 5 minutes)?		Never Sometimes Often
Eat at a sit-down restaurant (including carry out from a sit-down restaurant)?		Never Sometimes Often
Eat at cafeteria at work?		Never Sometimes Often
Eat deep-fried foods (fries, chips, fish, chicken, calamari, falafel, etc.) or add oil to foods/meals?		Never Sometimes Often
Eat cheese (separately or on a salad, pizza, sandwich, cracker, etc.) or other dairy such as butter, whole or low-fat milk, sour cream and cream cheese?		Never Sometimes Often
Eat red meats including steak, burgers, ground meat, red meat cold cuts, red meat hot dogs?		Never Sometimes Often
Eat deli or cured meats including ham, corned beef, deli turkey, deli chicken, deli roast beef, sausage or bacon?		Never Sometimes Often
Eat fish or seafood?		Never Sometimes Often
Eat bread, bagels, dry cereals, crackers, corn or potato chips, pretzels, popcorn, tortillas, flour-based wraps?		Never Sometimes Often
Eat dessert-type foods such as pastries, doughnuts, pies, cakes or chocolates?		Never Sometimes Often
Eat grains and starchy veggies such as wheat (pasta, bulger, cream of wheat etc.), rice, oatmeal, quinoa, farrow, barley, potatoes, sweet potatoes, corn, etc.?		Never Sometimes Often
Eat nuts and seeds?		Never Sometimes Often
Eat fruit?		Never Sometimes Often
Eat nonstarchy vegetables such as lettuce, broccoli, carrots, cauliflower, summer squash, bell pepper, asparagus, etc.?		Never Sometimes Often
Eat legumes (black beans, chili beans, peas, lentils, etc.)?		Never Sometimes Often
Drink pop, flavored drinks or juice drinks, fruit juice, alcohol, coffee creamers/coffee drinks, sports drinks (ex. Gatorade)?		Never Sometimes Often

Please describe what your food intake looks like on a typical day		
Meal	**Time/Place**	**What would you eat and drink? (please include amounts)**
Breakfast/1st Meal		
Snack		
Lunch/2nd Meal		
Snack		
Dinner/3rd Meal		
Snack		
Other		