

Weight Management Follow-up Visit

OMS io VV

Name _____

Date _____

Your weight _____

Weight loss medication _____

Waist circumference* _____

1st day of your last period _____

Hip circumference** _____

***Measure your waist:** Stand and place a tape **measure** around your **middle**, just above your hipbones, at the **narrowest point**

****Measure your hips:** Then **measure** the distance around the largest part of your **hips** — the **widest** part of your buttock

Waist-to-hip ratio (WHR): less than 0.85 is “ideal” for women

What **challenges** or difficulties are you having with your weight loss? _____

If you are you taking a **medication***, are you finding it helpful? ☐ yes ☐ no ☐ not applicable

Any side effects? ☐ none ☐ dry mouth ☐ jitteriness ☐ headache ☐ trouble sleeping ☐ nausea

☐ constipation ☐ other _____

Are you able to take the medication as directed? ☐ yes ☐ no

If **no**, what difficulties are you experiencing? _____

Are you following a specific **dietary plan**? ☐ no ☐ Vegan/vegetarian ☐ Low carb/ketogenic style

☐ Paleo ☐ Mediterranean ☐ other _____

Are you using **meal replacements**? ☐ yes ☐ no

If yes, ☐ Full Plan ☐ Fresh Steps ☐ ProLon ☐ purchased product on your own _____

Exercise: What type and how often? _____

If none, what types of movement can you add throughout your day? _____

How well do you **sleep** at night? ☐ through the night ☐ fall asleep easily but can't stay asleep

☐ difficulty falling asleep ☐ frequent or early morning waking

Are you experiencing any significant **stress**? ☐ yes ☐ no

If **yes**, how are you managing? ☐ not at all ☐ meditation practices ☐ exercise ☐ journaling

☐ other _____

Are you tracking your food, steps, sleep, mood, etc.? ☐ yes ☐ no

If yes, ☐ notebook and pen ☐ HealthTrac app ☐ MyFitnessPal ☐ WW app

☐ other _____

Are you finding it helpful? ☐ yes ☐ no

Are you having any **symptoms** or **physical problems** since starting this program?

☐ **none**

<input type="checkbox"/> hunger	<input type="checkbox"/> chest pain	<input type="checkbox"/> nausea	<input type="checkbox"/> joint pain	<input type="checkbox"/> numbness	<input type="checkbox"/> moodiness
<input type="checkbox"/> cravings	<input type="checkbox"/> rapid heart beat	<input type="checkbox"/> bloating	<input type="checkbox"/> muscle cramps	<input type="checkbox"/> dizziness	<input type="checkbox"/> trouble sleeping
<input type="checkbox"/> irritability	<input type="checkbox"/> fluid retention	<input type="checkbox"/> constipation	<input type="checkbox"/> rashes	<input type="checkbox"/> tremors	<input type="checkbox"/> hair loss
<input type="checkbox"/> lack of control	<input type="checkbox"/> fainting	<input type="checkbox"/> diarrhea	<input type="checkbox"/> headache	<input type="checkbox"/> depression	<input type="checkbox"/> cold intolerance
<input type="checkbox"/> fatigue	<input type="checkbox"/> short of breath	<input type="checkbox"/> indigestion	<input type="checkbox"/> weakness	<input type="checkbox"/> anxiety	<input type="checkbox"/> irregular periods

PLEASE fill out the next 2 pages as well

You can email back to Dawn or have available for our virtual visit

Food Diary: Consider WHEN you eat as well as WHAT you eat

- Instead of labeling your meal as “breakfast”, etc. please identify your eating events with the time of day
- Focus on 3 meals a day, minimize snacks, try to eat your larger meal mid-day and your final meal earlier in the evening
- Keep your eating window (first bite of the day to last bite of the day) to a 12–hour time period or less (8-12 hour window)

time of day give me an idea of what you eating in a typical day, including beverages!

Weight Maintenance Session #10: Visualizing Changes to Your Current Bad Habits, Part 1

- 1) Are any of the following some of your hardest to resist/most tempting foods: pizza, cheese, cake, chocolate, pasta, bread, ice cream, and/or candy? (If you answered No, skip to question #3)
- ☐ yes ☐ no
- 2) For the corresponding foods in question #1, please visualize the events and circumstances that you tend to eat them at. Are some of them eaten at a party or social gathering type of situation?
- ☐ yes ☐ no
- 3) Do you sometimes make poor food choices at the movie theatre?
- ☐ yes ☐ no
- 4) Do you sometimes eat chips, ice cream, cakes, or cookies when you are having a stressful day?
- ☐ yes ☐ no
- 5) Do you often stop at Starbucks or Dunkin Donuts for a flavored coffee and treat between meals?
- ☐ yes ☐ no

Hormone Balance Questionnaire: Hormone Imbalance

Read carefully through the list of symptoms. Fill in circle (●) next to any you experience.

As you may recall you answered these questions before your first visit.

Let's see how your improved diet and lifestyle have improved your symptoms!

ESTROGEN DEFICIENCY

- ☐ Poor memory (you walk into a room to do something, then forget what it was)?!
- ☐ Emotional fragility, especially compared with how you felt ten years ago)?
- ☐ Depression, perhaps with anxiety or lethargy?
- ☐ Wrinkles (your favorite skin cream no longer works miracles)?
- ☐ Night sweats or hot flashes?
- ☐ Trouble sleeping, or waking up in the middle of the night?
- ☐ A leaky or overactive bladder? or ☐ recurrent bladder infections?
- ☐ Droopy breasts, or breasts lessening in volume?
- ☐ Sun damage more obvious, even glaring on your chest, face, and shoulders?
- ☐ Achy joints (you feel positively "geriatric" at times)?
- ☐ Recent injuries, particularly to wrists, shoulders, lower back, or knees?
- ☐ Loss of interest in exercise?
- ☐ Bone loss?
- ☐ Vaginal dryness, irritation, or loss of feeling?
- ☐ Lack of "juiciness" everywhere (dry eyes, dry skin, dry clitoris)?
- ☐ Low libido (it's been dwindling for a while)? or ☐ painful sex?
- ☐ None of the above

ESTROGEN EXCESS

- ☐ Bloating, puffiness, or water retention?
- ☐ Abnormal Pap smears?
- ☐ Heavy bleeding?
- ☐ Rapid weight gain, particularly in the hips and butt?
- ☐ Increased bra-cup size or ☐ breast tenderness?
- ☐ Uterine fibroids?
- ☐ Endometriosis? or ☐ painful periods?
- ☐ Mood swings? ☐ PMS? ☐ depression? or ☐ irritability?
- ☐ Weepiness, sometimes over the most ridiculous things?
- ☐ Mini breakdowns or ☐ anxiety?
- ☐ Migraines or ☐ other headaches?
- ☐ Insomnia?
- ☐ Brain fog?
- ☐ A red flush on your face (or a diagnosis of rosacea)?
- ☐ Gallbladder problems or removal?
- ☐ None of the above

PROGESTERONE DEFICIENCY

- ☐ Agitation? or ☐ PMS?
- ☐ Cyclic headaches (particularly menstrual or hormonal headaches)?
- ☐ Irregular menstrual cycles or ☐ cycles becoming more frequent as you age?
- ☐ Heavy periods (soaking a pad every 2 hours?)
- ☐ Painful periods (can't function without ibuprofen)?
- ☐ Bloating, particularly in the ankles and belly?
- ☐ Fluid retention?
- ☐ Easily disrupted sleep?
- ☐ Itchy or restless legs, especially at night?
- ☐ Increased clumsiness or poor coordination?
- ☐ None of the above

ANDROGEN EXCESS

- ☐ Excess hair on your face, chest, or arms?
- ☐ Acne?
- ☐ Greasy skin and/or hair?
- ☐ Thinning hair on your head?
- ☐ Discoloration of your armpits (darker and thicker than your normal skin)?
- ☐ Skin tags, especially on your neck and upper torso?
- ☐ Hyperglycemia (high blood sugar)? ☐ hypoglycemia (low blood sugar)? or ☐ unstable blood sugar?
- ☐ Reactivity and/or irritability or ☐ excessively aggressive or authoritarian episodes?
- ☐ Depression?
- ☐ Anxiety?
- ☐ Menstrual cycles occurring more than every 35 days?
- ☐ Ovarian cysts?
- ☐ Midcycle pain?
- ☐ Infertility? or ☐ subfertility (no pregnancy < 12 months of trying)?
- ☐ Polycystic ovarian syndrome?
- ☐ None of the above

Weight Maintenance Session #10: Visualizing Changes to Your Current Bad Habits, Part I

1) Are any of the following some of your hardest to resist/most tempting foods: pizza, cheese, cake, chocolate, pasta, bread, ice cream, and/or candy?

It is important to realize the foods that you tend to overeat. It is helpful to know the foods that you should try to avoid on a day-to-day basis. Minimizing consumption of these foods should lead to less calories eaten on a day to day basis. Try only to eat these foods when out of the house or at restaurants. Do not bring these foods back to the house as leftovers because they will be too tempting to eat. You should also try to avoid purchasing them at the grocery store because if you have them around the house you will most likely overeat them.

2) Please visualize the events and circumstances that you tend to eat them at. Are some of them eaten at a party or social gathering type of situation?

Often times we overeat when we are out socializing with friends and/or family. It is really difficult to break eating habits that you have been doing for many years with their friends and family. Try to take a moment and think of all the foods that are most tempting/hard to resist when you are out with friends or family. Next, think of some alternative foods that you can have instead of the tempting ones. Try this the next time you are out. A common issue for people is that the bread basket is really tempting when out for dinner. Some options are to move the basket to the other end of the table or simply ask the waiter NOT to bring one to the table at all. An additional more challenging option is to focus on having only ONE slice of bread slowly.

3) Do you sometimes make poor food choices at the movie theatre?

If you are planning to go out to the movies, make a food plan prior to arriving to the movie theater. Typically the snacks sold at the movie theater are high calorie, poor food choices. Even a small popcorn could be as much as 500 Kcal. If you are going to a matinee and they really enjoy popcorn, try having air-popped popcorn with water for lunch. An alternative option, if permitted by the theater, is to bring your own small bag of popcorn with you to the movies. You could also bring a piece of fruit or a protein bar instead of purchasing popcorn and/or candy at the movies. And you will mostly save some money as well!

4) Do you sometimes eat chips, ice cream, cakes, or cookies when you are having a stressful day?

Try to visualize making a healthier food choice when you are stressed out. Try eating an apple, banana or pear, carrots or celery. Can you think of what you could eat instead that is healthy? Sometimes drinking a hot beverage such as coffee or tea will satisfy that snack urge. Have a plan of healthy snacks and keep them readily available.

5) Do you often stop at Starbucks or Dunkin Donuts for a flavored coffee and treat between meals?

Be cautious of the excess sugar and calories in gourmet coffees. Adding a cookie or donut to this snack will only increase the caloric hit. Most coffee shops and fast food restaurants have a nutritional guide. Beware of the extra sugar when adding syrups and whipped cream. Many also sell healthier options such as fruit, nuts, yogurt, etc. Before going to any fast food restaurant or gourmet coffee shop, plan your order ahead of time. Or just skip altogether and think of how much money you will save!