TENNESSEE GYNECOLOGY
SUSAN WEBB, MD
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9930 Parkwest Blvd, Ste 409
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Ph: 865-531-1173
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www.tennesseegyn.com

Patient Name: _____ DOB: _____

Patient Benefit Discovery for Weight Management

Please contact your insurance company to help you complete this form and return it to the office by attaching to a message on the Patient Portal, fax, or email.

- Do you have coverage for a Registered Dietician? ❒ Yes ❒ No
  - If so, what is your copay for visits? _____
  - Do you have to meet a deductible? ❒ Yes ❒ No
  - If so, how much is your deductible? _____
  - How many visits are you allowed per year? _____

- Do you have coverage for Behavioral/Mental Health Counseling ❒ Yes ❒ No
  - If so, what is your copay for visits? _____
  - Do you have to meet a deductible? ❒ Yes ❒ No
  - If so, how much is your deductible? _____
  - How many visits are you allowed per year? _____

- Do you have coverage for BRANDED Anti-Obesity medications ❒ Yes ❒ No
  - Examples include:
  - Saxenda (Liraglutide) ❒ Yes ❒ No Copay _____
  - Wegovy (Semaglutide) ❒ Yes ❒ No Copay _____
  - Qsymia (Phentermine/topiramate) ❒ Yes ❒ No Copay _____
  - Contrave (Naltrexone/bupropion) ❒ Yes ❒ No Copay _____
  - Do you have to meet a deductible? ❒ Yes ❒ No Ded _____

- Do you have coverage for Bariatric Surgery/Appliances? ❒ Yes ❒ No
  - If so, what is your copay? _____
  - Do you have to meet a deductible? ❒ Yes ❒ No
  - If so, how much is your deductible? _____

- Do you have any insurance Wellness Benefits? ❒ Yes ❒ No
  - Examples: Gym discounts, workout equipment discounts, commercial weight loss program discounts, health coach, etc…
  - _____
    _____

- Do you have any Employer Wellness Benefits? ❒ Yes ❒ No
  - Examples: Gym discounts, workout equipment discounts, commercial weight loss program discounts, health coach, etc…
  - _____
    _____

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My Personal Weight Journey

Take a moment to answer the following questions about your weight, motivations, and challenges to help guide conversations with your health care professional about a weight management plan that fits your lifestyle.

Personal Information

Weight: _____ (lbs) Height: _____(ft/in)

What do you feel your weight may be holding you back from doing?

_____

_____

Approximately how much weight would you like to lose to help you reach your goals? _____ (lbs)

Weight Related Conditions

Select which of the following conditions or diseases you have. Write in any prescription or over the counter products you are currently taking.

❒ Sleep disorders (eg, sleep apnea, insomnia) | _____
❒ Chronic pain conditions (eg, arthritis) | _____
❒ Cardiovascular disease | _____
❒ Respiratory disease | _____
❒ Gastrointestinal disorders (eg, liver problems) | _____
❒ Endocrine disorders (eg, hormone) | _____
❒ Diabetes or prediabetes | _____
❒ Depression | _____
❒ Other: | _____

(This is not a complete list of all possible weight related conditions)

Life Milestones/Events & Weight

In the space provided, share any life events that relate to your weight loss or weight gain. Add any specifics you would like. *Possible life events may include: specials occasions/events (eg, wedding, baby, class reunion, vacation), home or work changes (eg, job change, divorce, personal loss, move), health or medical changes (eg, nutritionist, injury, surgery, medication)*

When did this occur?	Event	How much weight did you lose/gain	Weight loss What did you do to lose weight | Would you do it again?
_____ yrs old |		| Lost _____ (lbs) / Gained _____(lbs) |	| ❒ Yes ❒ No
_____ yrs old |		| Lost _____ (lbs) / Gained _____(lbs) |	| ❒ Yes ❒ No
_____ yrs old |		| Lost _____ (lbs) / Gained _____(lbs) |	| ❒ Yes ❒ No

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Weight Loss Management Efforts

How would you describe your efforts to lose or maintain weight? Please select all that apply.

Effort	Tried in the past	Doing it now
Physical Activity	❒	❒
Healthy Eating	❒	❒
Over the counter products	❒	❒
Prescription medication	❒	❒
Commercial weight loss programs (eg: Weight Watchers)	❒	❒
Bariatric Surgery	❒	❒

How long have you been trying to lose weight?

Less than 2 years ◯ ---------- 2-4 years ◯ ---------- 5-9 years ◯ ---------- As long as I can remember ◯

Current Eating & Activity Routines

How would you describe your eating habits? Please select all that apply.

❒ Eat 3 meals a day
❒ Eat more than 3 meals a day
❒ Frequent snacker
❒ Healthy eater
❒ Binge eater
❒ Emotional eater
❒ Constant dieter
❒ Other _____

What approaches to healthy eating have you tried in the past? Circle what worked for you and mark an X over what didn't work.

Limiting my portion size (eg, using a smaller plate)

Cooking meals at home

Using meal replacements

Avoiding sugary foods and drinks

Tracking activity and calories

Reading food labels

Other _____

Approximately how many minutes total per week do you spend doing physical activities such as going for a walk, cleaning the house, climbing stairs, light yard work, or biking?

60 min or less (1 hr) ◯ ---------- 60-120 min (1-2 hr) ◯ ---------- 120-180 min (2-3 hr) ◯ ---------- more than 180 min (3hr) ◯

Any other weight related information your health care professional should know?

_____

_____