

## “Getting It Right”

“Getting it Right” is a weight loss program at Laurel Ob Gyn Associates that focuses on healthy life style changes. The two foundations of the Best Weigh plan are CONVENIENCE and KNOWLEDGE.

**CONVENIENCE:** What better place is there to lose weight and become healthier than in your gynecologist office – the place you know and trust and from where you are already receiving care? Why go anywhere else?

**KNOWLEDGE:** Knowledge is power. Know your numbers. Do you know what your cholesterol or blood sugar values are? What about your BMI? Are you at risk for diabetes? What is insulin sensitivity or metabolic syndrome? Could you have it?

Weight loss, like most other things in life is “not one size fits all”. Our purpose is to help you find what works best for you as an individual. We can discuss a variety of healthy food plans to help you find the one that works best with your lifestyle. Let us give you the skills to learn how to eat for the rest of your life. We want to work with you to learn how your body works and to help you get healthier. Yes, we all want to look better, but in the end, what really matters is how long you live....to look better!

**What makes “Getting It Right” different from any other weight loss program you might have tried previously?**

Our focus is identifying and treating those individuals with hyperinsulinism (elevated insulin levels that generally precede pre-diabetes). 3 out of 4 people who present in any given medical practice for weight loss have it and most have never been screened for it.

Hyperinsulinism affects your body by increasing your appetite and decreasing your metabolism, resulting in fat storage, particularly around the midline. If diagnosed, there is a medication available that can decrease your appetite, increase your metabolism, and increase your weight loss (& is on the ‘cheap’ generic list in most pharmacies!) Statistical data from the first 6 months of our program showed that the group identified with hyperinsulinism and treated for it lost more weight than the group on appetite suppressant meds.

## “Getting It Right”

Congratulations on choosing to participate in “Getting It Right”! You have just taken your first step to a Healthier You! In this getting started packet you will find:

- 1) Summary Sheet about our Program
- 2) Insurance Information
- 3) “My Story”, a biography of my weight loss
- 4) Patient History & Nutritional Assessment

Please complete the questionnaire and bring it to your first visit. Here’s a rundown of the schedule.

**1st Visit** We will take your baseline measurements (height, weight, blood pressure, waist measurement and BMI). We will perform a health risk assessment and body composition profile. After reviewing your completed history and nutrition assessment, we will determine what baseline lab studies need to be drawn.

About 7 days later....

**LAB STUDIES** These lab studies are tailored to your individual needs.

About 7 days later....

**2nd Visit** We will review your lab studies (2) discuss any medications, or supplements needed as determined by the lab studies, (3) review your weight loss options which could include the ‘Getting It Right’ food plan or another of your choice. (4) discuss ways to incorporate activity into your life and review recommended exercise guidelines for good health.

Weigh every week for two weeks. Our charge is \$5.00 per weigh-in, no insurance for this.

**Next Visit** First follow up is in two weeks to measure your progress!

Follow up every four weeks with me. Weight checks weekly in between our visits.

Weigh every week for four weeks and repeat office visit with me!

You are charged only for office visits with me and any laboratory study done. We will file your insurance. In some cases, insurance will pay. In other circumstances, you will be asked to pay the office visit charge.

I look forward to getting to know you and giving you the information and support you need to have a successful weight loss and a healthier you!

## “Getting It Right”

Thank you for participating in the new weight control program at Laurel Ob Gyn Associates. We wish you the BEST results!

There are a few insurance points that we want to share with you. Not all insurance will pay for an office visit with a diagnosis of “overweight” or “obesity”. In those cases we will ask you to pay for your office visit. We do have a 25% discount for self pay.

If you have just recently joined a health plan, they may consider your weight gain as pre-existing. In that case, there may not be any insurance benefit.

Some insurances, like the State of NC, will pay for weight control visits. We just don’t know all the insurances and their provisions, so in some cases we will just have to file a claim and see what happens. Be prepared that some insurance companies will ask for applicable records in order to consider your claim.

If you have a diagnosis of hypertension, insulin resistance, diabetes and other weight related problems, your insurance will pay on these diagnoses. If your laboratory work shows any abnormality, your insurance will generally pay for follow up visits to control your lab values.

If for any reason you do not want your insurance company to know of any supplements that you may take in conjunction with your weight control plan or that you are enrolled in a weight loss program, let us know that you do not want us to file your claim.

Best of luck with the program! Please let us know if you have any other questions regarding insurance reimbursement.

Laurel Ob Gyn Associates

828-253-5381

## My Story

As I am getting to know you in your weight loss journey, I thought it might be helpful for you to know about me and my weight loss journey. Almost a 10 pound baby at birth, I grew up in Henderson County, a daughter of a farmer and a good southern cook. My mother thought everything tasted better with more butter and more sugar. Our green beans were never cooked without fatback and were always served with hot cornbread. My father thought it wasn't a meal if you don't have meat. We grew our own, and drank whole milk from our cows. I have often joked that I went straight from diapers to a size 14. Though that is a bit of an exaggeration, I was always "chubby" growing up, although I was considered "healthy" back then.

My first attempt at "dieting" was in my teens. I remember riding the bus to school, having skipped my mother's usual ham, eggs, and homemade biscuit breakfast, and feeling a twinge of hunger, thinking, "so this is what it supposed to feel like to lose weight". That was just the beginning. I became very adept at "dieting". In my young adult years there were a barrage of diets. I tried them all, whatever was in "vogue" at the time. You name it, I bought the book and tried it. Let's face it, they all worked- for a while, but none of which were sustainable.

I became very adept to yo-yoing.

In my 30's I joined a very reputable weight loss program once again. I had joined so many times before that I told friends that I had enough new member materials to start my own class! But this time I was successful. It was the first time I had ever approached weight loss from a health standpoint, surprising, since I was in the medical field. I had become convicted that my being overweight, as a Christian, was representative of a deeper spiritual problem. I had no self-control, and I was not taking care of the body I had been given. So this time I followed the plan religiously. For 10 ½ months I did not knowingly cheat and I lost 113 pounds!!!

After that, because I've always wanted to help others struggling with their weight, I went to work for that organization as a "leader". I vowed never to regain those 113 pounds!! Working for them all of those years helped me to maintain my weight. I was successful, both personally and professionally. At one time I was the leader of their largest class in Western North Carolina. Mine was the class that they brought the dignitaries to, who came to town to check on the local franchise. But eventually I became disillusioned with some decisions made by the management of that organization, and I resigned.

Shortly after that in 1991, after having a long battle with infertility, my husband and I adopted our son Joseph. I was so happy to finally be a mother! But, I was to find that motherhood brings a roller coaster of emotions, and I have always been an "emotional eater". Joe was not an easy baby, nor an easy child growing up. As an infant he had colic. He had ADHD as he got older and seemed to spend most of his time in trouble. He was ours and we loved him, but he took a lot of our time and attention. This was in the days before "bagged" salad, and it was a whole lot easier to pop tater tots in the oven than to chop all those vegetables.

The 113 pounds that I vowed never to see again returned, and they brought some of their friends with them to the party. It was then that I discovered Dr. Oz. I heard him talk about morbid obesity, a term with I abhorred from both a personal and a professional standpoint. He used it as an analogy to cancer. Both, left untreated, he said, "could kill you". He asked, "how many of us would do almost anything, putting up with the most difficult surgery or treatments to cure cancer, but would not make the same effort to treat your obesity?" It clicked- Here it was November, and I knew that, left unchecked, before the holidays were over, I would be over 300 pounds!

So I rejoined that national weight loss program before the holidays. But I had my emotions to get past again. Here I was a fallen "leader". I felt ashamed and guilty. Emotions will always be with us, I learned. It is our choice how we deal with them. This time I learned to feel the emotion, but not to give it control over me.

I went on to lose a little over 100 pounds! It took me a little over a year, it wasn't easy, but it was worth it. I feel the best I have felt in years. Before, I was "tired all the time" and my knees were too painful to walk any more than I had to. I didn't even do any exercise until after I lost my first 50 pounds. It was then I started training for a 5K. Now, let me tell you, before this, I didn't know a 5K from a 401K, but I have now completed 3. I'll admit that I did finish next to last in my first one, but I finished!

Then came menopause, which is where I am now. I have to work harder for every pound I lose. We all have our metabolism decrease over time.

I told you this long story to let you know that I am just like you. I'm a normal person, not "one more naturally thin, perfect" healthcare professional, railing you for being overweight. I'm not at my goal weight yet either. I'm still a work in progress, but then aren't we all!



Linda Hingenitz, FNP

**"Getting It Right"**  
**Patient Medical History Form & Nutrition Evaluation**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you in good health at the present time to the best of your knowledge?

Yes No

Explain a "No" answer:

Are you under a doctor's care at the present time?

Yes No

If yes, for what?

Are you taking any medications at the present time?

Yes No

Prescription Drugs: List all

Drug: Dosage:

Over the counter medications, vitamins, supplements: List all

Product: Dosage:

Any allergies to any medications?

Yes No

If yes, please list:

Who is your Primary Care Physician?

Have you had any recent (within the past 6 months) lab work?

Please bring copies of recent lab(s) to your 1<sup>st</sup> appt if possible.

Personal history of High Blood Pressure?

Yes No

Personal History of Diabetes?

Yes No

Personal History of heart attack, chest pain, or other heart condition?

Yes No

Frequent heartburn or indigestion?

Yes No

History of swelling in your feet?

Yes No

History of frequent headaches?

Yes No

Joint pain or back pain?

Yes No

Do you get shortness of breath with climbing a flight of stairs?

Yes No

History of sleep apnea?

Yes No

Do you use a CPAP machine?

Yes No

Gynecologic History:

Pregnancies: Number \_\_\_\_\_ Dates: \_\_\_\_\_

Any history of hypertension (high blood pressure) while pregnant?

Yes \_\_\_\_\_ No \_\_\_\_\_

Gestational Diabetes:

Yes \_\_\_\_\_ No \_\_\_\_\_

Birth Control Pills:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? -----

Last checkup date: \_\_\_\_\_

Family History:

Family Member:	Overweight?	Age	Disease	Cause of Death
Father:				
Mother:				
Brothers:				
Sisters:				

Any additional family history of Diabetes?  
 Any additional family history of Heart Disease  
 If Yes – who?

Yes No  
 Yes No

Nutrition Evaluation:

Birth weight: \_\_\_\_\_ Weight at 20 years of age: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_

What is the main reason for your decision to lose weight? -----

When did you begin gaining excess weight? (Give reasons, if known):

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What has been your maximum lifetime weight (non-pregnant) and when?

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Previous diets you have followed:

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What weight loss method/plan has worked best for you in the past?

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Have you ever taken an appetite suppressant medication?

Yes                      No

If yes, what medication and when? \_\_\_\_\_

If yes, any unwanted side effects? \_\_\_\_\_

Are you interested in taking an appetite suppressant medication now?

Yes    No    Unsure

Is your spouse, fiancée, or partner overweight?

Yes    No

If so, by how much is he or she overweight? \_\_\_\_\_

How supportive is your family for your weight loss efforts? \_\_\_\_\_

How often do you eat out \_\_\_\_\_

What restaurants do you frequent? \_\_\_\_\_

Who plans meals? \_\_\_\_\_ Cooks \_\_\_\_\_ Shops? \_\_\_\_\_

Do you like to cook? \_\_\_\_\_

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Where would you currently rate your motivation to change?

I    I    I    I    I    I    I    I    I    I    I  
0    1    2    3    4    5    6    7    8    9    10

Not motivated  
at all

Extremely  
motivated.

Food allergies: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Food(s) you crave: \_\_\_\_\_

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Do you drink coffee?      Yes                      No                      How much daily? \_\_\_\_\_

Do you drink tea? \_\_\_\_\_      Sweet \_\_\_\_\_      Unsweet \_\_\_\_\_      How much daily? \_\_\_\_\_

Do you drink cola drinks? \_\_\_\_\_      Diet \_\_\_\_\_      Not Diet \_\_\_\_\_

Do you drink alcohol?      Yes                      No  
What? \_\_\_\_\_      How much daily? \_\_\_\_\_      Weekly? \_\_\_\_\_

Do you awaken hungry during the night?      Yes                      No  
If yes, what do you do? \_\_\_\_\_

What are your worst food habits? \_\_\_\_\_

Snack Habits:

What? \_\_\_\_\_      How much? \_\_\_\_\_      When? \_\_\_\_\_

When you are under a stressful situation at work or family related, do you tend to eat more?

Explain: \_\_\_\_\_

Do you think you are currently undergoing a stressful situation and/or emotionally upset?

Explain: \_\_\_\_\_

Do you have problems with Binge Eating?      Yes      No

If so, have you noticed any particular foods that seem to trigger the binge?

\_\_\_\_\_  
\_\_\_\_\_

Smoking Habits: (answer only one)

Current Smoker \_\_\_\_\_                      Non-Smoker \_\_\_\_\_

Amount daily: \_\_\_\_\_

Typical Breakfast:

\_\_\_\_\_

Time eaten: \_\_\_\_\_ Where: \_\_\_\_\_ With Whom? \_\_\_\_\_

Typical Lunch: \_\_\_\_\_

Time eaten: \_\_\_\_\_ Where: \_\_\_\_\_ With Whom? \_\_\_\_\_

Typical Dinner: \_\_\_\_\_

Time eaten: \_\_\_\_\_ Where: \_\_\_\_\_ With Whom? \_\_\_\_\_

Do you tend to skip meals? Yes No

If yes, which meal? \_\_\_\_\_ How often? \_\_\_\_\_

Describe your energy level: \_\_\_\_\_

Activity Level: (answer only one)

\_\_\_\_\_ Inactive, no regular physical activity with a sit down job

\_\_\_\_\_ Light activity, no organized physical activity during leisure time

\_\_\_\_\_ Moderate activity, occasionally involved in activities such as weekend golf, tennis, jogging, swimming, or cycling

\_\_\_\_\_ Heavy activity, consistent lifting, stair climbing, heavy construction, etc, or regular participation in jogging, swimming, cycling or active sports at least three times a week

\_\_\_\_\_ Vigorous activity, participation in extensive physical exercise for at least 60 minutes per session 4 times per week.

Please describe your general health goals and improvements you wish to make:

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This information will assist us in assessing your particular problem areas and establishing your medical management. Thank you for your time and patience in completing this form.