

Healthy For Life

“Healthy for Life” is a medical weight loss program at Laurel Ob Gyn Associates that focuses on basic lifestyle changes. The program will provide every day strategies, tools and education to ensure long term weight loss and good health. The two foundations of the 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? We are here to listen and help in a compassionate environment.

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? How can obesity affect a pregnancy and delivery?

We can answer all of these questions and more through the program at Laurel Ob Gyn.

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 “Healthy for Life” different from any other weight loss program you might have tried previously? Our program is offered by a board certified nurse practitioner. Our focus is identifying and treating those individuals with medical conditions like hyperinsulinism (elevated insulin levels that generally precede pre-diabetes). Did you know that 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 which most women have noticed. 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 medications alone. Prescription medications can be used as a TOOL with weight loss but are NOT a cure and some are approved by the FDA for short term use only.

“Healthy for Life”

Congratulations on choosing to participate in “Healthy for Life”! 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-Baseline measurements (height, weight, blood pressure, waist measurement and BMI). Perform a health risk assessment and body composition profile. After reviewing your completed history and nutrition assessment, we will determine what baseline lab work/studies need to be drawn.

About 7 days later....LAB WORK/STUDIES-These lab studies are tailored to your individual needs.

Then about 7 days later....

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- 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 'Healthy for Life' 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 and keep a food journal/diary online (Myfitnesspal) or on paper.

- Next Visit-First follow up is in two weeks to measure your progress!
Follow up every four weeks with me. Weigh checks weekly in between our visits. Weigh every week for four weeks and repeat office visit with me!

If you have a smartphone or computer, we recommend downloading the app called "MyFitnessPal" or any other one that you prefer. It has so much information about food choices, calorie counting, goal setting, journaling, and exercise.

Coming soon will be a "Healthy for Life" online discussion group that is a voluntary opportunity for you. We want you to have a chance to discuss how your weight loss journey is going, share recipes, and find local exercise opportunities that are free or have a minimal cost. If you choose to join the discussion group, it will be closed to the public audience through a site like Facebook. Once the group is created, you will be given information at your office visit on how to join the group to ensure privacy.

I look forward to getting to know you and supporting you during your journey to better health!

"Healthy for Life"

Thank you for participating in the weight control program at Laurel Ob Gyn Associates. We wish you lifelong weight loss success and good health!

We will be happy to file our services with your insurance company, with proper documentation. We make every attempt to assist you in understanding your insurance benefits; however it is ultimately the patient's responsibility to know how their individual policy covers their medical care.

COMMERCIAL/HMO/PPO INSURANCE

- It is your responsibility to be familiar with your insurance company and your specific plan requirements.
- A current copy of your insurance card is required to properly file your claim.
- As per your insurance requirements, be prepared to pay any co-pays, deductible, or percentages at check in the day of your appointment. We accept cash, check, Debit, Visa, or MasterCard.
- If you have a secondary insurance that is not provided at the time of your appointment, we are not able to add it to the claim once it has been submitted.

SELF-PAY

- A valid debit/credit card must be obtained to keep on file
- Payment in full is expected when services are rendered unless prior arrangements are made with our office. A \$100.00 deposit is required at check in. For visits over \$100.00, the remaining balance is due at check out or you are able to set up a payment plan.
- We do offer a 20% discount if payment is made in full at time of service.

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

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My Story

As I am getting to know you in your weight loss journey, I thought it might be helpful for you to know more about me and my weight loss successes and failures. I grew up in Atlanta, Georgia, had two loving parents and three sisters. My mom is a farmer's daughter and she had 8 siblings! So whenever our BIG family got together, it always involved great southern meals. In the south, we love to eat good food and it is part of our culture.

I have struggled with my weight during many phases of my life. As a teenager, I was a little overweight but active and played sports in high school. Then college came around and I started gaining weight because I became less active and was way more social. I did not think I would ever have to watch my weight! Then came those two adorable children that I birthed, and some of the weight from my pregnancies never got lost.

In 2004, after a tragic loss, I began eating more and more because I was grieving and it was “comforting” to eat when I was sad. I finally told myself that I had to get the weight under control in 2009. My health was not good and I became worried that I might develop diabetes or heart disease. At that time, both of my parents had type two diabetes and heart disease. I knew that I could not change my genetics but that I could make some changes to get healthy again.

After much thought and planning, I decided to have a bariatric procedure to aid in my weight loss. I remember the doctor telling me that the procedure is not a cure but a TOOL. I was thinking that it would fix everything and I would not have to really work hard at losing weight. Boy was I wrong! I lost about 60 pounds initially after the procedure. Of course it was a great feeling to look good in my clothes and become active again with my family. But I soon realized that being healthy and losing weight must become part of my life forever. It can't just be for a few months or to get ready for a big event going on in my life. Being healthy is a lifestyle change. My journey is ongoing to this day. I still have pounds to lose, but it is a work in progress!

Change has been hard but I finally found some better habits that include walking at least 3 times per week, eating food on a salad plate and ordering off the children's menu. I also study labels on the back of foods packaging in the store before I buy them. I have even learned to eat more vegetables and green salads whenever possible. I have to work at it **everyday** of my life!

My hope for you is that eventually it will become a habit to eat right, exercise and take care of your WHOLE self. Like me, becoming a healthy person is a process that will take time and effort. I am so glad that you are ready to start a journey, and do your part to make some life changes. It will not be easy or fast fix, but it will be worth it. I will be your biggest cheerleader when you have success and failure on the journey to health. I truly understand the struggle. I have many TOOLS to share with you, but please know that you have to fully commit to making your weight loss journey a life-long success.

Sincerely,
Emilie, WHNP

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:

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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 1st appointment 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

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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? -----

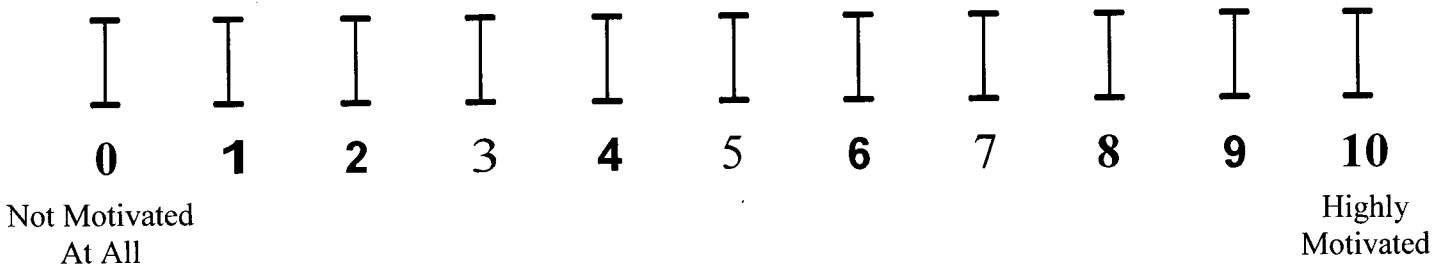
Last checkup date: _

Family History:

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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? _____

Where would you currently rate your motivation to change?



Food allergies: _____
Food dislikes: _____
Food(s) you crave: _____

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: _____

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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:

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.