

YOUR WEIGHT MANAGEMENT VISIT

What to Expect, What to Ask



Your Name: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family New pet Other?

Describe: _____

General Health Information. Since Your Last Visit:	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?			
Have you or anyone in your family developed new medical problems?			
Are there any changes to your medications?			
Do you smoke?			
Do any adults who are around you smoke (includes inside or outside the house)?			

Have you been seen in the Emergency Room or hospitalized in the last 6 months for weight management related problems?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Do you currently include any of the following in your daily diet?

- Fish Chicken Green leafy vegetables Low fat cheese/milk Vegetables Fruit

Is your body mass index greater than 30? No Yes I don't know

In the last 3 months have you talked with your doctor or health provider concerning any of the following symptoms?

- Severe headaches Confusion Chest pain Blurred vision
 Nausea and vomiting Pounding in chest, neck Feeling very tired Dizziness

Have you received referrals, tests, tests results and or other needed care promptly?

- No Yes

Do you have any of the following symptoms currently?

- Unusual thirst Increased urination Dizziness Blurred vision Frequent infections
 Slow healing Extreme hunger Feeling very tired Unusual weight loss

Would you like to get more information on any of the topics below?

Medications/Treatments	Symptoms	Health Promotion	Nutrition
Checking/monitoring blood pressure	Signs of high blood pressure	Smoking cessation [National Quitline: 1-800-QUITNOW (784-8669)]	Healthy diet
Lab tests to check/monitor cholesterol and blood sugar	Signs of diabetes		Calorie intake
Weight loss	Signs of high cholesterol	High cholesterol prevention	Healthy snacks
Herbal remedies	Risk factors for high cholesterol	High blood pressure prevention	Decrease fat Intake
	Risk factors for high blood pressure	Diabetes prevention	Weight management
		Exercise routine	Alcohol intake
		When to call doctor	

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this form at your next visit.

Buckeye Health Plan is contracted with Medicare for an HMO SNP plan, and with the Ohio Medicaid program. Enrollment in Buckeye Health Plan depends on contract renewal.

Buckeye Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-866-389-7690 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-7690 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-389-7690 (TTY: 711)。