

Patient Name: _____ DOB _____ Date _____ Age _____
 Height: _____ | Weight: _____ lbs | BP: _____/_____/_____ | P: _____ bpm | Temp: _____ | RR: _____
 Second BP after 10 minutes: _____/_____/_____ | BMI = _____ [Weight (lbs) x 703 ÷ height (in²)]
 Height is self-reported | Referred by: _____

HISTORY OF EATING DISORDERS AND WEIGHT MANAGEMENT PROBLEMS

HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms

Anxiety: Severity: 0 _____ 5 _____ 10 | Weight + - in past year: _____ lbs.

Preoccupations with food, weight, or body shape: Yes No. If yes, for how long: _____ years No

Effects of eating behaviors and body image concerns on school or work functioning and relationships with family and others: Yes, *if yes circle the areas of concern.* No

Previous treatment for obesity, including psychotherapy, prescriptions, and over-the-counter medications, such as laxatives: No

High Risk-L5: *History of severe anxiety, depression, or suicidal thoughts?* Yes, *if yes, circle which one.* No

Currently, taking medication for diabetes? Yes, *if yes, circle which one.* No

You are pregnant or plan to become pregnant while taking this medicine. Yes No

Have a history of acute/chronic pancreatitis or kidney failure. Have a history of Multiple Endocrine Neoplasia syndrome type 2. Or do you have a personal or family history of follicular thyroid carcinoma (*which accounts for 15% of thyroid cancers*). Yes, *if yes, circle which one.* No

Do you have severe gastrointestinal disease? Yes No

Allergies:

Medications/Supplements:

PFSH 1: Personal Medical Hx:

PFSH 1: Personal Surgical & Endoscopy Hx:

PFSH & ROS review of systems	See Questionnaire	Exam Notes:
PFSH 2: Family Hx	<input type="checkbox"/>	
PFSH 3: Social Hx	<input type="checkbox"/>	
1. Constitutional	<input type="checkbox"/>	
2. Eyes	<input type="checkbox"/>	
3. ENT & Mouth	<input type="checkbox"/>	
4. Cardiovascular	<input type="checkbox"/>	
5. Respiratory	<input type="checkbox"/>	
6. Gastrointestinal	<input type="checkbox"/>	
7. Genitourinary	<input type="checkbox"/>	
8. Musculoskeletal	<input type="checkbox"/>	
9. Skin	<input type="checkbox"/>	
10. Neurological	<input type="checkbox"/>	
11. Blood/Lymph	<input type="checkbox"/>	
12. Endocrine	<input type="checkbox"/>	
13 Allergy/Immun.	<input type="checkbox"/>	
14. Psychiatric	<input type="checkbox"/>	

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Physical Exam Elements

1. Constitutional:

- Well developed, well nourished, NAD
- Vitals

2. Eyes:

- Conjunctiva clear, no lid lag & deformity
- PERRLA, extra-ocular movements intact
- Optic disks normal in size; normal cup to disk ratio; no arteriolar narrowing, AV nicking, exudates, or hemorrhages

3. Ears, Nose, Mouth and Throat:

- External ears & nose w/out scars, lesions, or masses
- Hearing grossly intact
- Pharynx pink, tonsils present, tongue & uvula are midline
- Lips moist and pink; teeth in good repair; gums pink & firm
- Nasal mucosa moist & pink; septum midline; turbinates intact
- Ext canals clear, TMs intact & pearly grey

4. Neck:

- Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus
- Thyroid non-enlarged, non-tender, no masses

5. Respiratory:

- Respiration is diaphragmatic & even; accessory muscles not used
- Lungs clear to auscultation; no vesicular breather sounds; no adventitious sounds or rubs
- Tactile fremitus equal bilaterally
- Chest percussion; no dullness, flatness, hyperresonance

6. Cardiovascular:

- RRR; no extra sounds, murmurs, rubs or gallop
- No carotid bruits
- Abdominal aorta – no bruits; normal in diameter
- Extremities, no edema or varicosities
- Pedal pulses – intact and equal bilaterally
- Femoral arteries – pulses intact & equal; no bruits
- Palpation of heart WNL; (eg, location, size, thrills)

7. Gastrointestinal:

- No tenderness or masses on palpation
- No splenomegaly or hepatomegaly
- Negative stool occult blood test Positive FOBT
- Sphincter tone WNL Sphincter Hypertone
- No hemorrhoids or masses No hernias present

8. Musculoskeletal:

- Gait and station is symmetrical & balanced
- Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)
- ROM WNL, no pain, crepitation or contracture
- Stability intact, no dislocation, subluxation, or laxity
- No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions
- Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements

9. Psychiatric:

- Alert and oriented to time, place, and person
- Mood and affect appropriate
- Judgment & insight WNL

UNQUALIFIED ASSESSMENT:

- Unqualified for medical management with tirzepatide or semaglutide in our office: Yes No (Qualified)
- Age <18
- BMI <19
- History of severe anxiety, depression, or suicidal thoughts? Yes
- Currently taking medication for diabetes? Yes
- You are pregnant or plan to become pregnant while taking this medicine. Yes
- Have a history of acute/chronic pancreatitis or kidney failure. Have a history of Multiple Endocrine Neoplasia syndrome type 2. Or, do you have a personal or family history of follicular thyroid carcinoma (*which accounts for 15% of thyroid cancers*). Circle which one. Yes
- Refused to sign consent forms
- Other:

QUALIFIED ASSESSMENT & PLAN: Limited to Weight Management

- Qualified for medical management with tirzepatide or semaglutide
- BMI of 30 or more
- BMI of 27 to 30 and at least one weight-related complication (e.g., hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease)
- BMI of ≥19 to 30 and have a problem with binge eating as defined by the American Psychiatric Association (APA).
- Diagnosis:** Binge eating disorder Abnormal Weight Gain Overweight Other specified eating disorder

- Plan:** RTO in 1 week Call or come in sooner if Sx worsens or becomes unmanageable. RTO ___ D W M
- Medical management with weekly therapeutic injections of a glucagon-like peptide-1 (GLP-1) receptor agonists.
- Therapeutic Injection with an applicable clinician-administered dosage formulation of Tirzepatide or Semaglutide drawn from a multidose vial differing in weekly amounts custom-tailored to the patient's clinical response.
- Patient was counseled and agreed to see a PCP to manage all other medical issues/problems.

Medication for Weight Management: Zepbound Tirzepatide Semaglutide Other:

Refer to PCP, hospital, or other specialty provider:

Other: