

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### **Weight Loss Management Questionnaire**

**\*Every question must be answered with specifics.**

- 1) Have you checked with your insurance what weight loss meds are covered and if so which meds are covered? (Zepbound, Wegovy are the meds you should look for).
  
- 2) Does your insurance require a weight loss management program? (Some insurances, specifically express scripts, require you to be a part of a weight loss program.) You MUST be signed up for this before we submit any paperwork for you.
  
- 3) What methods of weight loss have you tried in the past 12 months (nutritionist, medications, diets)?
  - a) How long did you try each method?
  
- 4) What is your current diet or what do you eat on a typical day? (Macro count, carbs, etc. Give specific examples of daily meals)
  - a) Breakfast:
  - b) Lunch:
  - c) Dinner:
  - d) Snacks:
  - e) Drinks:
  
- 5) Do you have a calorie total for daily intake?

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

6) What is your current exercise routine?

a) Types of exercise with specific routine examples?

b) Amount of time you spend per week doing these activities:

7) Have you ever been on any weight loss medications?

a) If so, what have you tried and when?

b) Did you have any side effects to these meds?

8) What are the reasons you want to lose weight?

**7. Please answer the following questions:**

- Do you have a personal or family history of thyroid cancer or MEN 2 (Multiple Endocrine Neoplasia)?	Yes	No
- Do you have any history of an eating disorder/Body dysmorphia?	Yes	No
- Do you have a personal history of pancreatitis?	Yes	No
- Are you currently pregnant or planning a pregnancy soon?	Yes	No

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### **Information about Weight Loss Medications (GLP-1 Inhibitors)**

- Patients typically qualify for these medications if BMI is >30 or is 27-29 with a comorbid condition (hypertension, diabetes, high cholesterol, sleep apnea)
- These medications are considered long term/chronic use, they are not for short term use or episodic use. These medications are meant to assist with weight loss, although they are not monotherapy. This means lifestyle changes to diet and exercise also need to be done.
  - Dietary counseling: increased consumption of fruits, vegetables, and fiber; reduced consumption of saturated fats, sodium, and sugar-sweetened beverages; or both.
  - Physical activity: gradually increase aerobic activity (walking is often emphasized) to achieve at least 150 minutes (2 hours and 30 minutes) per week of equivalent moderate- intensity activity. Walking for 30 minutes, 5 times a week will meet this. This must be dedicated exercise time.
- Side effects of these medications include, but are not limited to: Nausea, diarrhea, constipation, acid reflux, increased risk of gallstones, fatigue, gastroparesis.

#### **Follow up appointments:**

- After initiation of medication you are expected to follow up monthly. Telehealth may be utilized for these appointments, but every third visit must be in person. Once the maintenance dose is reached, follow up every 6 months. If you do not reach a 5% weight loss goal within 3 months on these medications, we may need to try a different medication/insurance may stop coverage of this medication.

#### **Insurance**

- Please check with your insurance if these medications are on your formulary/covered.
  - These medications are NOT covered under the state health plan.
  - These medications are typically not covered with medicare.
- These medications almost always require a prior authorization which requires paperwork and may take 7 business days to complete.
- Some insurances/pharmacies are now requiring you to be part of a weight loss program
- Family First Primary Care will only prescribe these medications for their FDA approved usages.
- If Insurance does NOT cover these meds and you qualify per provider review you may get Zepbound through Lilly Direct pharmacy for \$399 for the first month and \$549 after that.