

USF Healthy Weight Clinic Intake Form

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USF Healthy Weight Clinic Intake Form

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Background

The USF Healthy Weight Clinic located at USF's South campus is a multi-disciplinary Internal Medicine and Pediatric Clinic managed by Dr. Denise Edwards.

- **Clinic Theme:** Offers comprehensive, holistic approach for weight management and eating disorders
- **Clinic Structure:** A psychologist and registered dietician are available for each patient
- **Opportunity for improvement:** Lacks one comprehensive intake form for all the specialties
 - ❖ Created inefficiencies within the clinic
 - ❖ Possible safety concerns

Plan

Developed a standardized patient intake form, specifically for overweight and obese adult patients, that encompasses all of the specialties involved with patient care.

- Objectives:
 - ✓ Created formal document intended for sharing information among team members
 - ✓ Included pertinent information from each speciality
 - ✓ Collected a unified history focused on weight management
 - ✓ Identified patient's specific needs prior to encounter
 - ✓ Allowed patients to explore lifestyle factors that contribute to their disease
 - ✓ Tracked patient's progress

Methods

Preformed a search of published intake forms and adapted models towards our document.

- Utilized existing intake forms from different subspecialties (nutritional, psychology)
- Incorporated objective measures such as *Epworth Sleepiness Scale*
- Challenges:
 - **Audience** – Should form pertain to all patient populations (pediatrics, eating disorders)?
 - **Length of document** – Determined that less than 2 pages is best for efficacy
 - **Question Style** – Objective and insightful questions

Needed patients to forget about weight and shift focus on energy level and goals

Form began with lifestyle questions so that patient realizes its implication on weight loss

A central theme in clinic, which lends to holistic approach

The team of psychologists use cognitive behavioral therapy so patients can best cope with stress

One RCT outlined significant weight loss when accompanied with stress management while decreasing cortisol levels²

Ensured no underlying medical issues

Outlined specific nutritional information for dietician in detailed chart

Addressed the need to expose the underlining reasons for overeating

In the clinic, most patients reported that hunger is not driving them to overeat

USF Healthy Weight Clinic Patient Intake Form

We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs. The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).

I. Goals and Motivation:

1. What is your goal for this visit? _____
2. What is your motivation for achieving this goal? (Check all that apply).
 To improve my health To improve my quality of life For my family An upcoming event Other: _____
3. How satisfied are you with your health? (Please circle one)
 Not at all Somewhat satisfied Very satisfied
 1 2 3 4 5 6 7 8 9 10

II. Lifestyle:

1. How many hours do you typically sleep per night? _____
2. How long does it typically take you to fall asleep? _____
3. How many times, on average, do you wake up once you fall asleep? _____
4. Do you wake up most mornings feeling rested? Yes No
5. Has anyone told you that you snore? Yes No
6. Please use the scale below to answer the next several questions in relation to your energy level while performing the following activities.
 0 = no chance of dozing 2 = moderate chance of dozing
 1 = slight chance of dozing 3 = high chance of dozing

Sitting and reading	_____
Watching TV	_____
Sitting inactive in public place (e.g. theater or meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
TOTAL (for staff use only):	_____

7. Which of the following factors contribute to stress in your daily life? (Check all that apply). Family Work Finances School Your health Your family's health Friends Your weight Trouble with the law Other: _____
8. What techniques do you use to cope with stress? (Check all that apply). Exercise Food Sleep TV Reading Browsing the internet Mindfulness (meditation/yoga) Time with family Religion Other: _____

Explored patient's motivation and directs it toward long-term lifestyle changes rather than short term diet

Studies show high drop-out rates and low effectiveness after one year for most diets³

Utilizes *Epworth Sleepiness Scale*⁵ which has been cited in numerous articles denoting objective tiredness value

Correlated relationship between patient's sleep patterns with their metabolism - which many patients are not aware of⁴

Studies show increased consumption and appetite with sleep deprived patients¹

USF Healthy Weight Clinic Patient Intake Form

III. Exercise History:

1. How often are you physically active for 20 minutes or longer? Never 1-2x/week 3-4x/week ≥5x/week
2. Which type(s) of exercise do you do? (Check all that apply). Walking Running Weights Other: _____
3. Do you have any barriers that limit your ability to safely exercise? Yes No
 Please check all that apply: Work Family Energy level Medical conditions Pain Motivation Other: _____

IV. Eating Habits:

1. How many times do you eat out in a typical week? _____ Please list the restaurants that you most often: _____
2. Please outline a typical day of your eating habits in the chart below. Please indicate if the food was prepared at home and if so by whom, or purchased out, and if so where.

Meal	N/A	Time	Food
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

3. What do you typically drink? (Check all that apply). Water Juice Soda Diet Soda Coffee Tea Other: _____
4. How many alcoholic beverages do you consume in one week? 0 1-3 4-6 >6
5. Please check the appropriate column for each of the following questions:

	Never	Rarely	Sometimes	Often	Almost Always
Does your family eat meals together?					
Do you read the food labels/nutritional information when you shop for food?					
Does nutritional information influence your decision to buy/eat certain foods?					
Do you eat in front of the TV?					
Do you eat with others?					
Do you eat when you're stressed?					
Do you eat when you're anxious?					
Do you eat when you're lonely?					
Do you eat when you're not hungry?					
Do you eat when you are bored?					

Reminded patients that eating out, especially lunch, represents a large portion of daily calories

Alcohol may be used as a form of self-medication for stress and adds to caloric intake

Study has implicated correlation between anxiety and drug usage including alcohol abuse⁶

Study

The form was reviewed and revised by the healthcare team to ensure it encompassed the different specialities. These are direct quotes from their feedback.

- "It allows me to formulate questions tailored to the patient's situation, streamlining the intake process." Dr. Mario Rodriguez, Ph.D. - Licensed Clinical Psychologist
- "Prevents the patients from having to answer the same basic questions more than once." Dr. Michelle Albers, Ph.D. - Registered Dietician
- "Gets patients & families to start thinking about some of these questions we ask." Jeannette Fleishcher, ARNP - Nurse Practitioner

Future Plans

Our future plans include continual assessment and integration of the form into the Healthy Weight Clinic. Specific initiatives include:

- Follow-up feedback from healthcare team
- Feedback from patients
- Inclusion of form in electronic medical records

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