



Atrium Health

Your initial consultation is scheduled on: _____/_____/_____.

Appointment time: ____:____ am/pm. Arrival time: ____:____ am/pm.

Appointment made with: _____.

Location: Charlotte 7th Street Pineville Concord Gastonia

We would like to thank you again for choosing **Atrium Health Weight Management**. Our mission is to encourage a healthy lifestyle in a comfortable environment, strengthen the transition each individual is making towards better health, and provide information and resources to support the process.

Our team understands the challenges that many patients who are overweight face each day. Because of these challenges, we have developed a multi-faceted program that focuses on your medical and nutritional issues, behavioral health, fitness and lifestyle changes. Our program focuses on weight loss and *weight loss maintenance*. This is an important part of any weight loss program and our goal is long term weight loss.

The enclosed packet contains several questionnaires that must be completed prior to your visit.

*****Please bring the completed packet with you to your initial appointment.*****

Failure to complete the packet before your appointment may result in rescheduling the appointment. The information that we receive from you is essential in developing a plan specifically for you. Please take your time to completely and accurately fill out the forms.

If you must cancel your appointment for any reason, please contact our office as soon as possible. We reserve a large block of time on our schedule for your initial appointment. Advance notice of any cancellation is required. If you must reschedule your appointment, please call 704.355.9484 or the specific office number below. Failure to cancel your appointment three times will result in being dismissed from the practice. This is an Atrium Health System policy.

Please remember to bring your **insurance cards, co-payment or \$50 towards your deductible, and your completed packet**. **If you have a morning appointment you will typically have lab work drawn at your visit, so please do not have anything to eat or drink after midnight. If you have an afternoon appointment your lab work will be drawn at a later date so you do not need to fast. There is no need to fast for your first appointment if it is scheduled at our Gastonia or Concord location.**

We look forward to meeting with you soon! Your Medical Bariatric Team

If you would like to verify that your insurance provider covers dietitian visits or the cost estimates of these visits, please provide them with the following CPT codes: 97802—MNT Initial Visit and 97803 MNT Follow Up Visit, 97804 MNT Group Visit.

Atrium Health Weight Management Charlotte, 2630 E. 7th Street, Suite 100, Charlotte, NC 28204, 704.355.9484

Atrium Health Weight Management Pineville, 10660 Park Rd., Suite 4400, Charlotte, NC 28210 704.667.2681

Atrium Health Weight Management Concord, 1090 Vinehaven Drive NE, Concord, NC 28025 704.403.7580

Atrium Health Weight Management Gastonia, 2550 Court Drive, Suite 202, Gastonia, NC 28054 704.446.8100



Important Information about your fitness evaluation

At Atrium Health Weight Management, every medical patient is required to have a fitness evaluation. Fitness is an essential part of a healthy lifestyle and its benefits range from immediate to long-term. We are committed to providing you with the tools and information that you need to achieve your health and fitness goals. You should expect the following to be measured or completed at your evaluation:

- Review of exercise history
- Circumference measurements
- Obtain a realistic exercise program based on limitations and availability
- Learn how to use the resistance bands

Your fitness assessment will be scheduled at your first visit with the physician. You will return in 3-4 weeks for your fitness consult.

If you have any questions regarding these instructions, please contact our office. Remember, your assessment is your starting point and your wellness will improve from this point forward. We look forward to helping you create a healthier and more energized you. Enjoy the journey!

Kathryn Randall, BS, MS, Exercise Physiologist
American College of Sports Medicine, Certified Exercise Physiologist

Kayla Moseley, BS, Exercise Physiologist

Atrium Health Weight Management – 704.355.9484

Charlotte...2630 E. 7th Street Suite 100, Charlotte, NC 28204

Ballantyne...14214 Ballantyne Lake Road, Suite 200, Charlotte, NC 28277

Concord...1090 Vinehaven Drive NE, Concord, NC 28025

Gastonia...2550 Court Drive, Suite 202, Gastonia, NC 28054



Atrium Health Weight Management—Charlotte Office

2630 E. 7th Street, Suite 100, Charlotte, NC 28204

704.355.9484

From I-77 South:

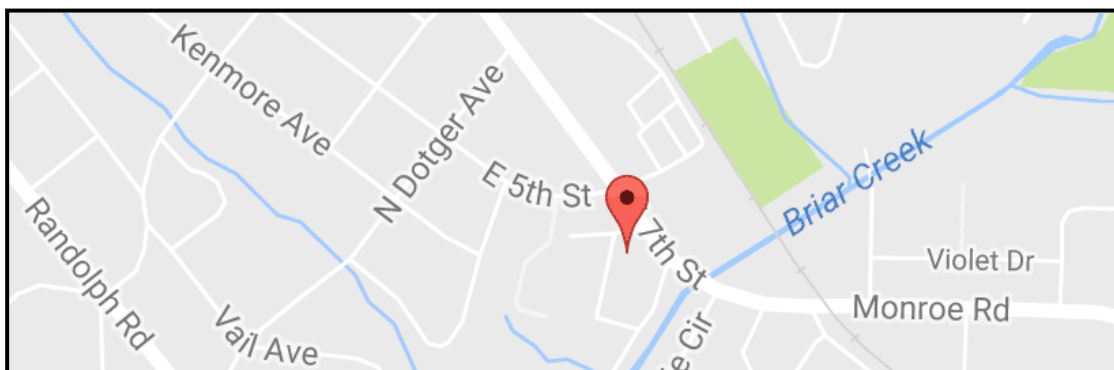
- Start at I-77
- Take exit #9/John Belk Frwy/Wilkinson onto I-277 North towards 9B/John Belk Frwy
- Take exit #2A/Kenilworth Ave/Third St/Fourth St towards Third St/Fourth St.
- Take the Third St. Exit
- Take a Right on to Third St; then get in the far left lane.
- Take a Left on to Kings Drive. Go pass CPCC College, continue until you see E 7th St.
- Take a Right on E 7th St.
- At the intersection of E. 5th St, (on the Right) and Firefighter St (on your left), go through the stop light.
- 2630 E 7th ST is the second driveway on your Right. (Eastover Medical Park III—only 2 story building)
- If you go to Lupie's Restaurant you have gone too far.

From I-85 South:

- Take I-85 North.
- Take exit #36/Brookshire Frwy/Downtown (US-74 East) onto Brookshire Freeway (NC-16 S) toward Charlotte/Bank of America Stadium.
- Take the Bevard St/Davidson St/McDowell St exit.
- Continue on N. McDowell St.
- Turn Left on E.7th St. (NC-27).
- Continue on E.7th St. at the intersection of E.5th St. (on the Right) and Firefighter St on your Left go through the stop light.
- 2630 E 7th St will be the second driveway on your Right. (Eastover Medical Park III—only 2 story building)
- If you go to Lupie's Restaurant you have gone too far.

From I-85 North:

- Take I-85 South
- To I-77 South
- Take exit 11 for I-277 S/Brookshire Freeway E/NC- 16 S
- Take exit 2B on the left US-74 E/NC 27 E toward Independence Blvd
- Slight Right at Briar Creek Rd, then turn left onto Briar Creek.
- Turn Right at Monroe Rd
- Continue on E 7th St.
- Once you pass Lupie's Restaurant on your left, go to the 1st drive way on the Left. (Eastover Medical Park III—only 2 story building)
- If you go to the stop light at the intersection of E.5th and Firefighter St, you have gone too far.





Atrium Health

Atrium Health Weight Management Pineville Office

Pineville Office Address

10660 Park Rd., Suite 4400, Charlotte, NC 28210

Phone Number's

704-667-2681—Pineville office

704-355-9484—Main office

Directions

From I-485, Take Exit 64A for US 51 (Pineville Matthews Rd)

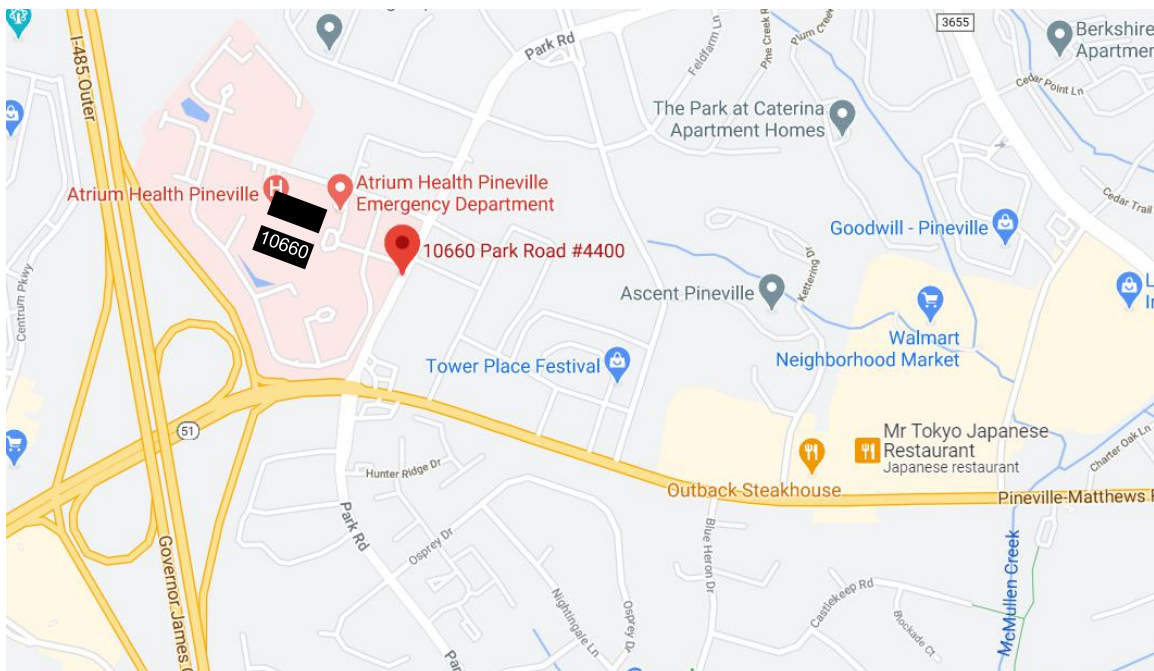
Stay in the far left turning lane

Turn Left onto Park Road

Turn Left into Atrium Health Pineville Entrance

Take the first left turn if you would like to park in the top parking lot or parking deck. Take the second left if you would like to park in the bottom parking lot (closest to building). When entering building: enter through side entrance of building 10660. You will be screened at the front desk for temperature and COVID-19 symptoms. Take elevator to the 4th floor. Turn left out of elevator and walk to back of the building, suite 4400 will be on the right.

Please arrive 20 minutes before your scheduled appointment to ensure that you arrive on time.

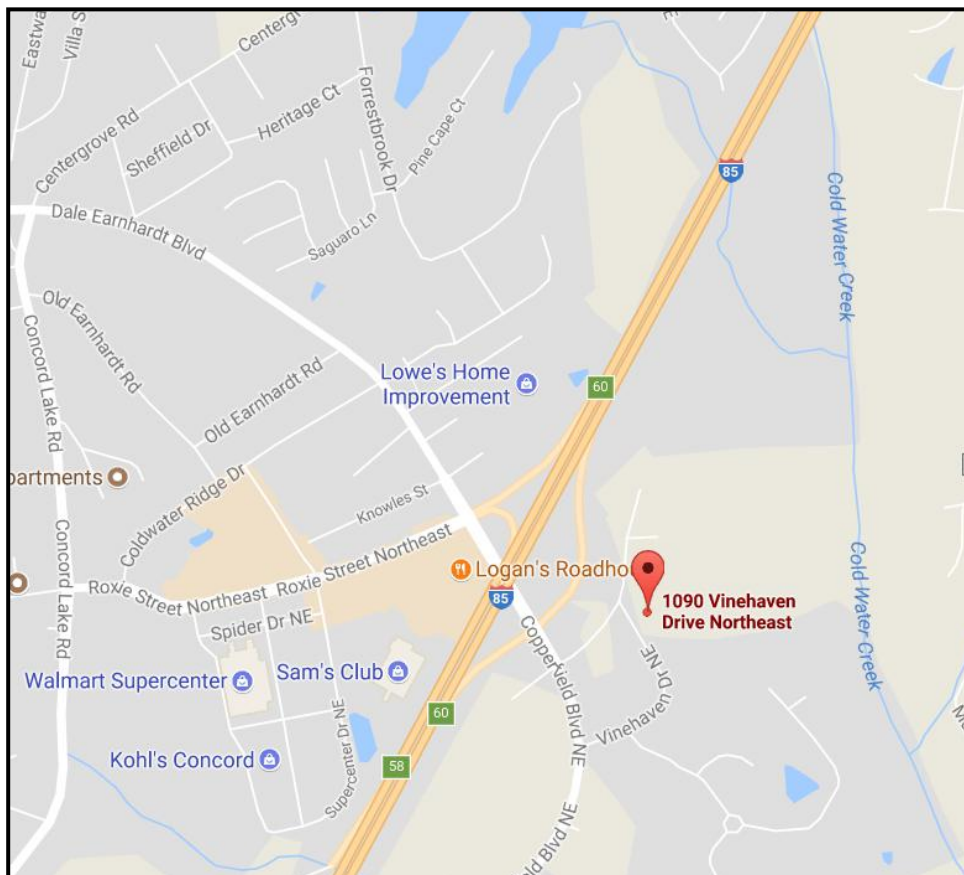




Atrium Health Weight Management—Concord Office
1090 Vinehaven Drive NE, Concord, NC 28025
704-403-7580 Office
704-403-7581 Fax

From I-85:

- Take Exit 60
- At the top of the ramp, turn right onto Copperfield Blvd. NE
- Take first left onto Dicken's Place NE
- Take first right onto Vinehaven Drive NE
- Destination will be on the left





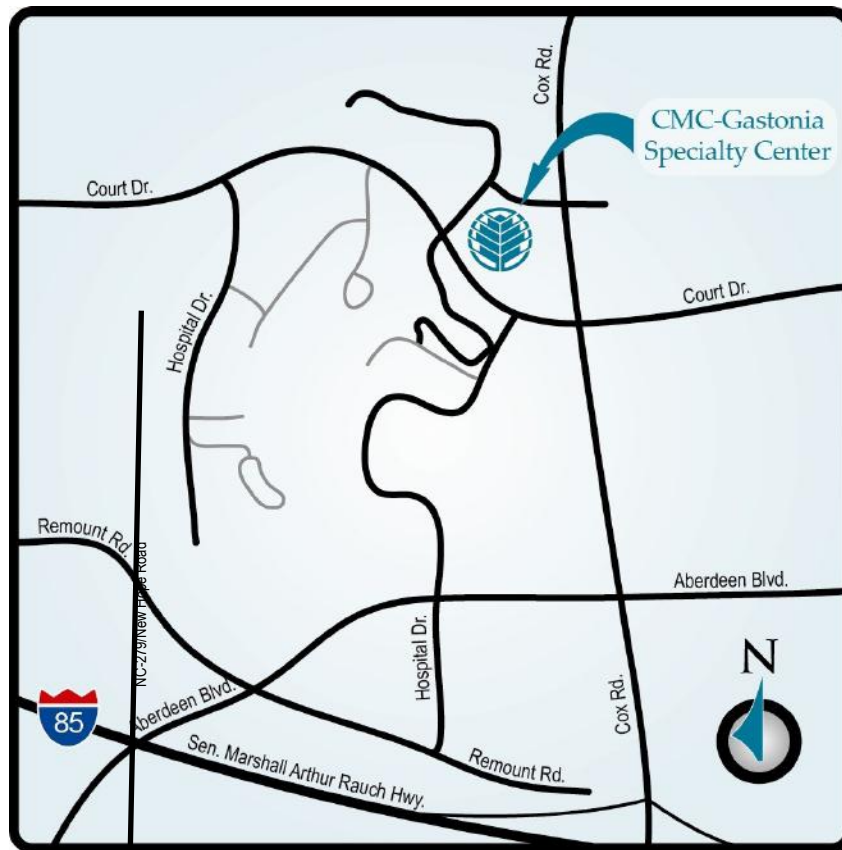
Atrium Health Weight Management—Gastonia Office
2550 Court Drive #202, Gastonia, NC 28054
704-861-2290—Gastonia 704-355-9484—Main office

From Charlotte:

- Take I-85 S to exit 21 (Cox Road)
- Turn Left onto Court Drive, office will be on the right.

From Kings Mountain:

- Take I-85 N to exit 20 (NC-279/New Hope Rd)
- Turn Left onto NC-279 W/N New Hope Rd
- Turn Right onto Court Drive, office will be on the left



Medical Patient History Form

Name: _____ DOB: ____/____/____ Date: ____/____/____

Primary Care Provider: _____ Referred By: _____

Personal History Review

Medication Allergies & Reactions:

Medications—Prescribed & Over the Counter (Include Vitamins & Supplements):

Surgical Operations & Dates:

Social History:

Single Married Separated Divorced Widowed

Current Occupation: _____

Who Lives in Your Home? _____

Have You Ever Used Tobacco? Yes No Do You Use Tobacco Now? Yes No

Do You Want Help Quitting? Yes No Number of Packs Per Day? _____

Age started: ____ Age Quit: ____

Number of Cups of Coffee or Caffeine Beverages Per Day: _____

Do You Drink Alcohol? Yes No How Often? _____ How many drinks? _____

Do You Partake Any Recreational/Illegal Drugs? Yes No If So, List: _____

Do You Exercise? Yes No How Often? _____ What Type? _____

How Far Can You Walk? _____ Do You Use: Cane Walker Scooter

Do You Follow a Special Diet? Yes No What Type? _____



Atrium Health Weight Management
Medical Patient History Form

Patient Information or Label

Name:

DOB:

Medical Record #:

Name: _____ DOB: ____/____/____ Date: ____/____/____

Personal & Family Medical History:

Condition	Self	Mother	Father	Brother	Sister	Child	Other
Attention Deficit Disorder							
Anemia							
Anxiety							
Asthma/COPD							
Cancer (Type)							
Crohn's/Ulcerative Colitis							
Cushing's Syndrome							
Depression							
Diabetes (Type 1 or Type 2)							
DVT (Deep Vein Thrombosis)							
Fatty Liver Disease							
Gallstones							
GERD/Reflux/Ulcers							
Gout							
Headaches/Migraines							
Heart Attack (Age)							
Heart Failure							
Heart Valve Issues							
High Blood Pressure							
High Cholesterol							
Hypothyroidism							
Irritable Bowel Syndrome							
Infertility/PCOS							
Kidney Stones							
Osteoarthritis							
Osteoporosis							
Pancreatitis							
Pseudotumor Cerebri							
Seizures							
Sleep Apnea (Bipap/Cpap)							
Stroke							
Thyroid Disorder							
Other: _____ _____							



Atrium Health Weight Management
Medical Patient History Form

Patient Information or Label

Name:
DOB:
Medical Record #:

Name: _____ DOB: ____/____/____ Date: ____/____/____

Do You Have Any of These Symptoms NOW? If so, please circle.

CARDIOVASCULAR & PULMONARY:			
Chest pain or tightness	Irregular heartbeat	Fainting or passing out	Leg cramps when walking
Swollen ankles or feet	Shortness of breath when lying down or exercising	Wheezing	Cough
EYES, EARS, NOSE & THROAT:			
Hearing loss	Nose bleeds	Vertigo	Frequent sore throat
ENDOCRINE:			
Intolerance to heat	Intolerance to cold	Increased thirst	Increased urination
Increased hunger			
GASTROINTESTINAL:			
Abdominal pain	Nausea/vomiting	Constipation	Diarrhea
Rectal bleeding	Black stools	Heartburn	
GENERAL:			
Weight gain	Weight loss	Night sweats	Fatigue
MUSCULOSKELETAL:			
Joint pain	If yes, location:		
NEUROLOGICAL:			
Frequent headaches	Memory loss	Numbness — If yes, location:	
PSYCHIATRIC:			
Excessive daytime sleepiness	Chronic insomnia	Other psych disorder(s):	
SKIN:			
Darkening in skin folds	Skin tags	Excessive hair growth (females)	
URINARY:			
Urine leakage or incontinence			



Atrium Health Weight Management
Medical Patient History Form

Patient Information or Label

Name:

DOB:

Medical Record #:

Name: _____ DOB: ____/____/____ Date: ____/____/____

Please Check All of the Weight Loss Programs or Medications That You Have Tried:

PROGRAMS/SURGERY:	Date:	Weight Lost or Gained:	Length of Participation:
Liquid diet such as Optifast			
Jenny Craig			
Nutrisystem			
Nutritionist/Dietitian			
Overeaters Anonymous			
Weight Watchers			
Weight Loss Surgery Type of Surgery:			
MEDICATIONS:			
Belviq®			
Contrave®			
Diethylpropion			
Meridia			
Orlistat			
Phendimetrazine			
Fen-Phen			
Phentermine			
Qsymia®			
Saxenda®			
Topiramate (Topamax®)			
Other:			



Atrium Health Weight Management
Medical Patient History Form

Patient Information or Label

Name:

DOB:

Medical Record #:

Atrium Health Weight Management Patient's Physician Information

Patient's Name: _____
(First) (M.I.) (Last)

Primary Care Physician: _____
(First) (M.I.) (Last)

Practice Name: _____

Practice Address: _____

City/State: _____

Phone #: _____ Fax: _____

Referring Physician: _____
(First) (M.I.) (Last)

Practice Name: _____

Practice Address: _____

City/State: _____

Phone #: _____ Fax: _____

Specialist Physician: _____
(First) (M.I.) (Last)

Practice Name: _____

Practice Address: _____

City/State: _____

Phone #: _____ Fax: _____

Other Physician: _____
(First) (M.I.) (Last)

Practice Name: _____

Practice Address: _____

City/State: _____

Phone #: _____ Fax: _____



Atrium Health Weight Management
Patient Physician Information

Patient Information or Label

Name:

DOB:

Medical Record #:

NUTRITION HISTORY WORKSHEET

Name: _____ DOB: ____/____/____ Date: ____/____/____

Gender: _____ HT: _____ WT: _____ Ideal Body WT: _____ Goal/Acceptable WT: _____

History:

When did you first notice that you were overweight or started dieting? _____

Current Diet Information:

Current Diet: _____

Note: if you are not on any specific diet plan and are just eating foods you like, this would be called a "regular diet"

Food Allergies/Intolerances: _____

What happens when you eat this food? _____

How many times per day do you eat? Meals: _____ Snacks: _____

How many times per week do you eat at restaurants/fast-food/cafeterias – eat in or take-out?

Breakfast: _____ Lunch: _____ Dinner: _____

How many times per week do you skip meals?

Breakfast: _____ Lunch: _____ Dinner: _____

Do you do most of the cooking in the home? YES NO

Fluid Intake: (please answer in number of ounces)

Water intake per day : _____

Calorie containing beverages such as soda/sports drinks/juice/sweet tea/flavored coffee: _____

Diet beverages: soda/crystal light/sugar-free kool-aid/"zero" drinks: _____

Emotional Eating: (Please check yes or no, and then answer the question if applicable)

Are there any emotional factors that influence your eating YES NO

For example: "I eat sweets when I'm stressed" or "If I've had a hard day at work I treat myself with my favorite fast food" or "When I'm upset, I tend to snack more on "junk food" than when I'm not upset about something".

1. Describe any emotions that may influence your eating habits:

2. List any comfort foods or specific foods you choose when feeling these emotions:

3. Do you ever eat until you feel miserable, or feel that you lose control while eating? YES NO If yes, please describe

4. Do you ever get up in the middle of the night to eat? YES NO



Atrium Health Weight Management
Nutrition History Worksheet

Patient Information or Label

Name:

DOB:

Medical Record #:

Name: _____ DOB: ____/____/____ Date: ____/____/____

Emotional Eating: (continued)

- 5. Do you struggle with hunger? YES NO
- 6. Do you get most of your calories after 5PM? YES NO
- 7. Do you have specific food cravings? YES NO

If yes, please describe:

8. What do you feel have been barriers to losing weight in the past?

Dietary Recall:

The purpose of this is to get an idea of what you typically eat for meals and snacks. If you are skipping – please note. It would be ideal to have meals from 2 week days and one weekend day.

Meal/ Snack	Weekday 1	Weekday 2	Weekend	Example
Breakfast				2 eggs 1 slice toast Butter 8 oz orange juice Coffee with cream/ sugar
Morning Snack				Handful of pretzels Hummus coke
Lunch				2 slices cheese pizza Side salad 1 packet ranch Sweet tea
Afternoon Snack				Nothing
Dinner				6 oz sirloin Steak sauce Baked potato Butter/sour cream Mixed veggies/butter Wine/water
Evening Snack				Bowl popcorn water



Atrium Health Weight Management
Nutrition History Worksheet

Patient Information or Label

Name:
DOB:
Medical Record #:

ATRIUM HEALTH WEIGHT MANAGEMENT NEW PATIENT QUESTIONNAIRE

Date of initial appointment: _____/_____/_____

Physician you are seeing today: _____

Please tell us how you heard about Atrium Health Weight Management

- Physician referred you or told you about the center —Please write in physician’s name:

- Word of Mouth — Friend, family member, etc.
- Atrium Health Weight Management Center website
- Brochure/Pamphlet
- Health fair at your employer
- Health fair at a community event
- Print Ad —magazine, newspaper, etc
- Newspaper article
- You are a Carolinas HealthCare System employee
- Your employer told you — Please specify: _____
- Other — Please specify: _____

If you are a Atrium Health employee, please tell us how you heard about Atrium Health Weight Management:

- PeopleConnect intranet
- Atrium Health System website
- LiveWELL Carolinas
- Every Monday Matters
- Atrium Health Coach
- Physician: _____
- Other: _____



Atrium Health Weight Management
Patient Questionnaire

Patient Information or Label

Name:

DOB:

Medical Record #: