

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Initial Weight: \_\_\_\_\_  
PCP: \_\_\_\_\_ Referring Provider: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Physical, Behavioral, & Historical Assessment:**

Vital Signs: BP \_\_\_\_\_ HR \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Pulse Ox \_\_\_\_\_

Measurements: Waist \_\_\_\_\_ Hips \_\_\_\_\_ Arms (R/L) \_\_\_\_\_ Thighs (R/L) \_\_\_\_\_

\*Highest/Lowest Adult Weights: \_\_\_\_\_ lbs. @ age \_\_\_\_\_ & \_\_\_\_\_ lbs. @ age \_\_\_\_\_

\*Past weight history, onset, duration, strategies used, weight lost, etc.: \_\_\_\_\_

\*Fluid intake per day: \_\_\_\_\_ oz. \*# Meals per day: \_\_\_\_\_ \*Fruit & Veggie/ Day: \_\_\_\_\_ \*Protein/ Day: \_\_\_\_\_

\*Hours of Sleep: \_\_\_\_\_ \*Routine Exercise/Activity: \_\_\_\_\_ for \_\_\_\_\_ minutes, \_\_\_\_\_ days per week.

**Meal Recall:**

\*Patient Goals: Weight: (Personal): goal \_\_\_\_\_ / excess \_\_\_\_\_ (Objective): goal \_\_\_\_\_ / excess \_\_\_\_\_

Increased health, mobility, & longevity \_\_\_\_\_ Learn about healthier choices \_\_\_\_\_ Decrease medications \_\_\_\_\_ Maintain weight loss \_\_\_\_\_.

Other... \_\_\_\_\_

\*Patient Obstacles: Medication known to cause weight gain \_\_\_\_\_, ETOH consumption \_\_\_\_\_, meal-skipping \_\_\_\_\_ late night eating \_\_\_\_\_, poor portion control \_\_\_\_\_, calorie dense foods/beverages \_\_\_\_\_, lack of meal prep/cooking at home \_\_\_\_\_, Eating out \_\_\_\_\_, not calorie counting \_\_\_\_\_, snacking due to stress or other emotions \_\_\_\_\_, binge-eating \_\_\_\_\_, lack of exercise \_\_\_\_\_, eating too fast \_\_\_\_\_, not feeling full \_\_\_\_\_, not drinking enough water \_\_\_\_\_, pregnancy \_\_\_\_\_, lack of consistent effort \_\_\_\_\_.

Other \_\_\_\_\_

\*Medical History: \_\_\_\_\_

\*Surgical History: \_\_\_\_\_

\*Social History: \_\_\_\_\_

\*Family History: \_\_\_\_\_

\*Meds: \_\_\_\_\_ See list \_\_\_\_\_ GFR: \_\_\_\_\_

\*Preferences- Meal Replacements: \_\_\_\_\_ Weight Loss Medication: \_\_\_\_\_ Surgery: \_\_\_\_\_

**Plan or Strategy for Success:**

What lifestyle changes can you make to achieve your goals? \_\_\_\_\_

- **General-** Follow up with PCP as directed. **Take meds & vitamins as directed.** Weigh yourself regularly. **JOURNAL** food, exercise, emotions, & anything else that you feel has an impact on your weight. (i.e. **My Fitness Pal, Lose It, Fit Bit**).
- **Nutrition-** Rotate between \_\_\_\_\_ - \_\_\_\_\_ **Calories/day & 45- 65- 85- 100- \_\_\_\_\_ Grams of Protein/ day & Drink 48-64 oz of water/ day.** Use a protein meal replacement instead of skipping a meal. Practice portion control, plan meals, eat protein first, & eat well-balanced meals. **START** eating within 1 hour of waking, eat every 2-3 hours, & **STOP** eating 2 hours prior to bed time.

**Meal Plan:**

- **Mobility-** Move your body 3-5 days per week for 15-20 minutes & do what you enjoy! No lifting or straining > or = 20 lbs. for 4-6 weeks after surgery. A good rule of thumb for activity is “if it hurts, then stop.” Just remember to challenge yourself.
- **Sleep/Rest-** Try to get 6-8 hours of sleep or rest each day (or over each 24- hour period). Wear CPAP if indicated.
- **Behavioral-** Work on identifying behaviors & seek help or therapy to change behaviors that do not align with your plan.
- **Follow Up-** \_\_\_\_\_ with \_\_\_\_\_ & \_\_\_\_\_ with dietitian for support & guidance. **OR after testing** \_\_\_\_\_ to discuss results with \_\_\_\_\_

Issues to discuss with PCP: \_\_\_\_\_

Additional recommendations/Solutions: \_\_\_\_\_

Our office number is 410-641-9568. There is always someone to address concerns during business hours & there is always a surgeon on-call after hours.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ Initial Visit Weight: \_\_\_\_\_

**Physical & Behavioral Assessment:**

**Vital Signs:** BP \_\_\_\_\_ HR \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Pulse Ox \_\_\_\_\_

**Weight Loss:** Previous weight: \_\_\_\_\_ Date: \_\_\_\_\_ Weight change since last visit: \_\_\_\_\_ since initial visit: \_\_\_\_\_

(Personal): goal \_\_\_\_\_ / excess \_\_\_\_\_ Total % loss of excess weight: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ %

(Objective): goal \_\_\_\_\_ / excess \_\_\_\_\_ Total % loss of excess weight: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ %

**Measurements:** Waist \_\_\_\_\_ Hips \_\_\_\_\_ Arms (R/L) \_\_\_\_\_ Thighs (R/L) \_\_\_\_\_

**Progress:** Physical (Symptom reduction, Increase in stamina, Clothes smaller/ looser, Task-oriented), Comorbidity/ Medication Reduction, Emotional (Increased self-esteem/ worth) \_\_\_\_\_

**Obstacles:** Physical (nausea, vomiting, heartburn, abdominal pain, constipation, diarrhea, hair loss, leg cramps), Emotional (Stress, Mental illness), Financial: \_\_\_\_\_

**Meal Recall**

_____	_____
_____	_____
_____	_____

**Do You...**

**Follow General Guidelines?** See a PCP? \_\_\_\_\_ Take Vitamins? \_\_\_\_\_ Weigh yourself at home? \_\_\_\_\_ Journal? \_\_\_\_\_

**Follow Recommended Diet?** Portion size? \_\_\_\_\_ Cup/ \_\_\_\_\_ Plate, Drink alcohol? \_\_\_\_\_, Count Calories? \_\_\_\_\_

How many/Day \_\_\_\_\_, Eat protein with each meal? \_\_\_\_\_, How many Grams/Day? \_\_\_\_\_ Eat fruits? \_\_\_\_\_

Eat Veggies? \_\_\_\_\_, How much of each one per day? \_\_\_\_\_ / \_\_\_\_\_, Eat/Drink empty calorie foods or beverages? \_\_\_\_\_

What kinds? \_\_\_\_\_, Drink 48-64 oz. of non-caffeinated fluid each day? \_\_\_\_\_

Skip meals? \_\_\_\_\_ Eat late at night? \_\_\_\_\_ Plan meals/Eat on a schedule? \_\_\_\_\_ Eat small, frequent meals? \_\_\_\_\_

How many/Day? \_\_\_\_\_ Use meal replacements? \_\_\_\_\_ Shakes or Bars? How many/Day? \_\_\_\_\_

**Try to Move Routinely:** -Exercise? What do you do? Walking, Biking, Swimming, Yoga, Pilates \_\_\_\_\_

**Get 6-8 hours of Sleep/ Rest?** \_\_\_\_\_ Use CPAP if ordered? \_\_\_\_\_

**Practice Recommended Life-long Behaviors?** Use a smaller dish to control portions? \_\_\_\_\_, Avoid eating without hunger due to boredom, sadness, anger, or other emotion? \_\_\_\_\_, Use distraction techniques to avoid late night eating or stress eating? \_\_\_\_\_

Try to identify & change ineffective behavioral patterns contributing to weight gain? \_\_\_\_\_, Participate in Therapy? \_\_\_\_\_

Comments: \_\_\_\_\_

**With which Stage of Change Do You Identify, & Why?**

- |  |  |
|--|--|
| 1. Pre-contemplation (Not acknowledging the problem or behavior that needs to be changed) _____                  | 4. Action (Behavior change is in place & habits are being built), _____                        |
| 2. Contemplation (Acknowledging the problem (s) but not yet ready to change or lacking confidence to act), _____ | 5. Maintenance (Healthy habits are in place & become part of routine or daily schedule). _____ |
| 3. Preparation (The desire to change is present, a plan is in place, but no changes have been made), _____       |  |

**Re-evaluation of Goals & Plan for Success:** SMART goals are specific, measurable, achievable, repeatable, & time-bound.

**Immediate Goal(s):** \_\_\_\_\_ **Long-term Goal(s):** \_\_\_\_\_

**What lifestyle changes can you make to achieve your goals?:** \_\_\_\_\_

- **General-** Follow up with PCP as directed. **Take meds & vitamins as directed.** Weigh yourself regularly. **JOURNAL** food, exercise, emotions, & anything else that you feel has an impact on your weight. (i.e. **My Fitness Pal, Lose It, Fit Bit**).
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  - **Sleep/Rest-** Try to **get 6-8 hours of sleep or rest each day** (or over each 24- hour period). Wear CPAP if indicated.
  - **Behavioral-** Work on identifying behaviors & seek help or therapy to change behaviors that do not align with your plan.
  - **Follow Up-** \_\_\_\_\_ with \_\_\_\_\_ & \_\_\_\_\_ with dietitian for support & guidance. **OR after testing** \_\_\_\_\_ to discuss results with \_\_\_\_\_
- Issues to discuss with PCP: \_\_\_\_\_
- Additional recommendations/Solutions: \_\_\_\_\_

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## Nutrition Assessment Form (Fill out & bring in for initial Dietitian visit.)

Current Height: \_\_\_\_\_ Present Weight: \_\_\_\_\_ What is your preferred weight? \_\_\_\_\_

What is your motivation to lose weight (health related, mobility related, task related, etc)? \_\_\_\_\_

What was your highest adult weight & how old were you at that age? \_\_\_\_\_

What was your lowest adult weight & how old were you at that age? \_\_\_\_\_

With whom do you live? ☐ Spouse ☐ Family ☐ Friend ☐ Alone

What is your employment status? ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Other \_\_\_\_\_

If you work, what is your occupation? \_\_\_\_\_ How many hours do you work? \_\_\_\_\_

Have you had previous weight loss surgery? Yes/No If yes, what surgery & when? \_\_\_\_\_

List any past diets/weight loss plans: \_\_\_\_\_

What age do you feel weight became a concern for you & why? \_\_\_\_\_

Briefly describe your past struggles with weight & what you believe has contributed to weight gain or inability to lose weight: \_\_\_\_\_

Have you seen a dietitian before? Yes/No If yes: When? \_\_\_\_\_ Where? \_\_\_\_\_ Why? \_\_\_\_\_

Do you take any supplements or vitamins? If so, please list them. \_\_\_\_\_

Food Allergies/ Intolerances/ Preferences (i.e. Peanut allergy, Vegan, Vegetarian, etc) \_\_\_\_\_

Do you have a history of an eating disorder? Yes/No Explain \_\_\_\_\_

## Readiness Assessment

I want to lose weight because: \_\_\_\_\_

If I could change 3 things about my health & nutritional habits, they would be: \_\_\_\_\_

The biggest challenge(s) to reaching my nutrition/weight loss goals are: \_\_\_\_\_

Please check (✓) everything below that describes your personal eating pattern and/or lifestyle behaviors:

	I eat large portions, get seconds or overfill my plate		I don't take time to plan healthy meals ahead
	I skip meals or go for longer than 5 hours between meals		I am tempted by family/friends to eat unhealthy foods
	I dine out (includes carry-out) more than 3 times a week		I lack the knowledge to cook healthy
	I frequently eat fried foods, fast foods and high fat foods		I never feel "full" or satisfied after eating
	I frequently eat sweets and desserts (candy, cakes, cookies)		When dieting, I go to extremes
	I graze (snack on food all day long while doing other things (reading, watching TV, computer work))		I drink less than 64 ounces (8 cups) daily (all fluids count)
	I eat too quickly		I usually drink two or more alcoholic beverages daily
	I am an emotional eater (I eat when I am stressed, bored, anxious...)		My work schedule hinders my weight loss efforts
	I am so busy, I forget to stop and eat		I would have a difficult time reducing or giving up: _____
	I am a "picky" eater		Other: _____

Who buys groceries in your home? \_\_\_\_\_

Who prepares meals in your home? \_\_\_\_\_

How many times per day do you eat Fruit? \_\_\_\_\_ Vegetables? \_\_\_\_\_ Grains? \_\_\_\_\_ Protein? \_\_\_\_\_

How much water or non-caffeinated beverages do you drink per day in oz? \_\_\_\_\_

How many times per day do you eat on average? \_\_\_\_\_ Do you snack in between meals? \_\_\_\_\_

Do you engage in physical activity? Yes/No If so, what do you do? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_ How long do you exercise? \_\_\_\_\_

### **Diet Recall for a "typical day":**

Breakfast- \_\_\_\_\_

Lunch- \_\_\_\_\_

Dinner- \_\_\_\_\_

Snacks- \_\_\_\_\_

### **Motivation level to make changes:** (1= not motivated at all & 10= very motivated)

#### **Goals:**

Increase water intake	Increase fruit & vegetable intake	Stop smoking
Increase overall fluid intake	Increase protein intake & eat protein with each meal	Start exercising
Decrease sugary beverage intake	Choose more whole grains & whole foods	Attend support group meetings
Decrease or stop alcohol intake	Measure portions	Gather information about surgery
Stop soda intake	Plan meals & prepare more meals at home	Engage support system in lifestyle changes

## PHARMACEUTICAL MEAL PLANNING FOR HEALTHY NUTRITION WHILE ON ANTI-OBESITY MEDICATIONS

### BASIC MEAL PLAN

- Avoid Skipping Meals; eating regular meals and snacks are important to maintain your lean body mass and a healthy metabolism while losing weight.
- Eating protein with each meal is especially important when calorie intake is reduced due to decreased appetite.
- Sample plans below provide 2 to 3 Meal Replacements with options for simple meal and snacks.
- Meal Replacement should contain 15-27g protein; 3-6g fiber; at least 25% DV for Vitamin/Minerals, and will typically provide 200 calories or less per serving.
- Protein products with less than 15g protein can be utilized as snack alternatives between meals or to increase total protein content within a meal to support lean body mass.

### ADDITIONAL TIPS

- Keep hydrated, drink 64 FL oz. of water each day.
- Eat at 2-3 hour intervals, 3 small-moderate meals and 2-3 healthy snacks.
- Aim for fiber rich food to prevent constipation; vegetable or fruits (goal 5 servings per day).
- Use high fiber/whole-grain cereal, bread, or beans (goal 2 servings per day),
- Prioritize protein at each meal - include 4-6 oz. of lean protein for women; 5-8 oz. lean protein for men per day.
- Choose food low in fat, added sugar or sodium (target <10% of the daily value per serving).
- **Sample Meal Plan** (35-40% Protein, 30-35% Carbohydrate, 25-30% Fat)

	1000 calories*	1200 calories*	1500 calories*
Breakfast	Protein Meal Replacement (≤200 calories, 15-27 protein)	Protein Meal Replacement (≤200 calories, 15-27 protein)	Protein Meal Replacement (≤200 calories, 15-27 protein) 3/4 cup berries (50 calories)
Snack	1 low-fat string cheese stick + 10 grapes (100 calorie snack)	1 small apple + 1 Tbsp natural peanut butter (150 calorie snack)	Protein Meal Replacement (≤200 calories, 15-27 protein)
Lunch	Protein Meal Replacement (≤200 calories, 15-27 protein)	Salad with 2-3 cups mixed greens with: 1/4 cup grape tomatoes, 1/4 cup diced green bell pepper 1/4 cup sliced cucumber, 3 oz. tuna, grilled or canned/water 1 oz. whole grain bread or 1/2 cup cannellini bean 2 Tbsp. Lite Dressing(300 calorie meal)	Sandwich with 2 slices high-fiber bread, 3 ounces low sodium deli- turkey, 1 Tbsp. lite mayo, lettuce and tomato 1 cup sliced cucumbers 1 low-fat string cheese stick 15 almonds (500 calorie meal)
Snack	10 almonds and 5 baby carrots (100 calorie snack)	4-5 whole wheat crackers + 1/2 cup low-fat cottage cheese (150 calorie snack)	Protein Meal Replacement (≤200 calories, 15-27 protein)
Dinner	5 oz. baked salmon 1 medium sweet potato 1 cup roasted asparagus + 1 tsp olive oil for cooking (300 calorie meal)	Protein Meal Replacement (≤200 calories, 15-27 protein) 3 oz. baked chicken 1 cup steamed broccoli (300 calorie meal)	Stir fry with 4oz. lean pork, 1/2 cup zucchini, 1/2 cup snow peas, 1/4 cup onion with, 1 Tbsp.avocado oil, 1 Tbsp. sesame seed 1/2 cup wild rice (650 calorie meal)

\* Calories & Protein will be adjusted for individuals considering BMI & co-morbidities. Consult with a registered dietitian to obtain individualized recommendations for your health needs. Robard Corporation • 821 East Gate Drive • Mt. Laurel, NJ 08054

## **General Tips:**

- There are at least 5 components of a good weight loss regimen: Good nutrition, Exercise, Adequate water intake, Stress management, & Sleep!
- Remember to focus on the “Big Picture” & take on one task at a time.
- Eat small, frequent meals. Aim for 4-5 per day.
- Eat real food!!! Fruits, veggies, & protein. Try to avoid processed foods.
- Getting your crazy 8s... 8-10 8 ounce glasses of water daily, & 8 hours of sleep daily.
- De-stress yourself with extracurricular activities.
- Your hand tells you a lot. The palm gives a good example of serving size. 5 fingers remind us to eat foods with less than 5 ingredients...
- When possible, call or come to support group when you are struggling. This is a life-long process & you must surround yourself with people who can empathize, & you must arm yourself with resources & learn to be patient with yourself.

## **New Direction Product Info:**

- ND Shakes are 200 calories & 27 grams of protein & ND Bars are 160 calories & 10-15 grams of protein. (3 shakes a day would total 81 grams of protein & 600 calories & 3 bars would total 30-45 grams of protein & approximately 480-500 calories).
- Each box of products contains seven servings, enough for 7 meals. If you want to use 2-3 products per day, you will need 2-3 boxes per week.
- Mix each serving with 9oz of water. For best results, add 9oz water first, then add product to mix.
- No more than 2 servings of soup recommended (high in sodium). Mix soup well with cold water first, then heat in microwave.
- No more than 2 Fiber products per day (if consuming more than 20g fiber, can cause gastrointestinal distress)
- Make a pudding milkshake! You can double the water when making the puddings- will have the consistency of a thick milkshake (puddings are good in the refrigerator for 24 hours)
- Here is a sample menu for a 1200-1400 Calorie Day:

Breakfast:	New Direction Beverage + ½ cup fruit
Snack:	Low fat cheese with crackers
Lunch:	1 cup cooked broccoli/ 4oz chicken/ ½ cup brown rice
Snack:	New Direction Bar + ¼ cup nuts
Dinner:	2 cups Salad/ 4oz fish/ ½ cup mashed potatoes

## **200 Calorie Meal & Snack Ideas**

- Lite vanilla yogurt with ½ cup Kashi Go Lean Crunch cereal
- Cheesy Popcorn: Toss hot popcorn (94% fat free) with 1 Tbsp grated Parmesan, 1 Tbsp olive oil and a pinch of cayenne pepper (1/2 large bag mixed with ingredients ~200 calories)
- Sesame carrots: Toss 2 cups of baby carrots with 1 Tbsp toasted sesame seeds and a pinch each of dried thyme and salt
- ½ English muffin with 2 tsp peanut butter and ½ banana
- 3 Ryvita Krisps with 3 Tbsp hummus or 3 Tbsp Alouette lite garlic spread
- Nutty Rice Cake: Spread 1 Tbsp almond butter or peanut butter on 1 brown rice cake. Top with ¼ sliced apple and drizzle with ¼ tsp honey
- Trail mix (1 cup cereal, 1 Tbsp raisins, 1 Tbsp nuts)
- 1/4 cup hummus with 5-6 whole grain, low fat crackers or 1 cup raw veggies
- ½ cup reduced fat cottage cheese with ½ cup mandarin oranges (in own juices)
- Protein Power Snack: 1 large hard-boiled egg with 1 cup edamame (soybean pods) plus ½ cup grapes
- 10 Garden of Eatin' ® Tortilla chips with ¼ cup salsa plus 1 oz string cheese
- Whole wheat flatbread- spread with 1 Tbsp Alouette® light garlic spread. Top with diced cucumber, chopped tomato and 1 Tbsp Reduced Fat feta cheese.
- 1 (1.5oz) bag pistachios (130 calories) with piece of fruit
- Energy Bar (Look for a bar that is <200 calories, <2.5g saturated fat, at least 3g fiber) Try Luna Bar, Power Bar- Whole Grain Harvest, Balance Trail Mix
- Small sweet potato (computer mouse size)- Microwave for 6 minutes or until tender. Add 1 tsp tub margarine and sprinkle with cinnamon or drizzle with a little honey
- 1 cup Cascadian Farms® edamame (soybeans- looks like fuzzy, sugar snap peas- good for you heart!)- sprinkle with sea salt
- Hard-boiled egg with Hummus (remove yolk and replace with hummus)
- 1 (1.5oz) bag pistachios (130 calories) with piece of fruit

## **If you have a sweet tooth...**

- Chocolate Whip- Mix 2 heaping Tbsp Hershey's baking cocoa with 1- 8oz container Cool Whip Lite and freeze (1 cup serving= ~180 calories)
- Dip 4 Nilla Wafers or 10 Back to Nature® Cinnamon Graham Sticks (Food Lion- health section) in Vanilla Fat free Jello pudding (individual cups)
- Banana Fluffer Nutters- Cut 1 small banana in half lengthwise. Combine 1 ½ Tbsp marshmallow crème and 1 tsp peanut butter in a small bowl. Spread peanut butter mixture over 1 half of banana; top with remaining half (151 calories)
- Skinny Cow low fat ice cream sandwich (1 sandwich= 130 calories)
- Smart Ones Fudge Bar (80 calories)
- Sugar free cocoa with skim milk

# 200 Calorie Snacks

6 Beanitos® Hint of Lime Chips Mini cup Wholly Guacamole	(65 calories/2g fiber/2.5g protein) (120 calories/ 3g fiber/ 1g protein)
KIND® Bar- Dark Chocolate Nuts and Sea Salt	(180 calories/ 7g fiber/ 6g protein)
1oz Mozzarella cheese stick 6 Mary's Gone Crackers	(80 calories/ 7g protein) (75 calories/1.5g fiber/2.5g protein)
15 grapes 2 wedges Laughing Cow® cheese	(60 calories/1g fiber) (90 calories/ 4 g protein)
2 Tbsp Sabra® Hummus or 2oz minicup Sabra Hummus 5 Pretzel Crips or 1 cup raw veggies	(75 calories/1.5g fiber/2g protein) (73 calories/.3g fiber/ 1 g protein)
½ large banana 1 Tbsp regular peanut butter	(60 calories/1.5 g fiber) (90 calories/1g fiber/3.5g protein)
½ cup low fat cottage cheese 2 Tbsp Raspberry Chia Jam	(90 calories/13g protein) (40 calories/4g fiber)
1oz pistachios ½ cup strawberries ½ cup strawberries	(~49 kernels= 160 calories/3g fiber/6g protein) (25 calories/ 1.5g fiber)
Nutty Rice Cake: Spread 1 Tbsp peanut butter 1 Quaker® Apple Cinnamon rice cake top with ½ medium apple	(95 calories/1g fiber/3.5g protein)  (50 calories) (30 calories/2g fiber)
1 hard boiled egg 1 cup cantaloupe or 1 hard boiled egg- scoop out the yolk and replace with 2 Tbsp guacamole sprinkle with Everything Bagel seasoning	(1 large- 70 calories/6g protein) (60 calories/1.6g fiber)







## About the AGH New Direction Medical Weight Loss Program

*a service provided by the Atlantic Bariatric Center*

Obesity is a major health risk that is serious and costly. According to the CDC, more than three in five American are overweight. One-third is obese. Obesity related conditions include heart disease, high blood pressure, high cholesterol, stroke, type 2 diabetes, and certain types of cancer. Like other chronic diseases, obesity requires responsible, comprehensive treatment, including ongoing care.

### **An Alternative Option for Weight Loss**

The AGH New Direction Medical Weight Loss Program provides the treatment needed to achieve long-term success. Our bariatric team includes Dr. Zarif, & Dr. Zhong, Angela Simmons, CRNP, CBN, Amy Gehrig, RD, & Amanda Buckley, RD.

Together with our patients, our providers create individualized plans for improvement in nutrition, activity, & emotional well-being. Goals focus on helping our patients achieve long-lasting weight loss through life long changes in dietary, exercise, & behavioral patterns. Personalized plans incorporate each patient's individual challenges & life goals. Our staff encourages communication with patients' primary care providers in order to facilitate a safe & team approach to management of each patient. Periodic ordering of lab tests, EKGs, & other types of testing occurs as needed based on individual patient needs & monitoring protocols.

Support groups augment education provided during office visits & provide additional opportunities for accountability through weight monitoring & open discussions. These groups are casual & intimate & run by our Nurse Practitioner & Registered Dietitians. Research shows that support groups & peer support helps patients form new eating, exercise, & coping habits thus promoting better weight management skills.

Atlantic General Hospital and Health System associates have the opportunity to take advantage of the service, supported by the Associates Getting Healthy Wellness Program & covered by Atlantic General's Insurance Plans.

The program approaches individual weight loss goals in stages.

- Stage 1: Screening. This stage occurs during the initial appointment & includes a physical examination, review of medical, surgical, & psychiatric history as well as laboratory testing. Providers work with individuals to establish obstacles to & goals for weight loss.
- Stage 2: Reducing/Active Weight Loss. This stage is different for each patient, but the goal is for the majority of weight loss to occur here with the aid of New Direction meal replacement products, increased exercise, behavioral modification, &/or medication. Patients receive instruction that a healthy rate of weight loss is 1-3 lbs. per week, on average.
- Stage 3: Adapting/Transitioning. In this stage, patients aim to perfect the habits they build on in stage 2. Gradually, patients learn to rely on meal replacements & medication less, have a healthy relationship with grocery food, overcome obstacles, & gain self-confidence.
- Stage 4: Sustaining/Maintenance- Patients in this stage benefit from continued staff support regarding relapse prevention from unhealthy dietary & behavioral triggers.

## Frequently Asked Questions

*Q. What kind of diet will I follow?*

A. Some patients opt to use New Direction drinks, bars, & other foods specially formulated to provide the necessary proteins, carbohydrates, vitamins and minerals needed for a well-rounded diet, & others may opt to focus more on whole, grocery foods. There is no “universal” & everyone will receive individualized feedback & recommendations.

*Q. What are the health benefits of the program?*

A. Weight loss can improve, reverse or even prevent serious medical conditions, including type 2 diabetes, high blood pressure, cardiovascular disease and high cholesterol. It can also reduce joint and back pain, and dramatically improve your energy and mood.

*Q. How do I know which diet plan is best for me?*

A. AGH New Direction staff will take into account your BMI, weight loss goals and health status to determine the appropriate diet plan for you. Patients & providers decide on the final meal plan together after lengthy discussions during initial meetings with the nurse practitioner & dietitian.

*Q. How much weight can I expect to lose?*

A. This may be everyone’s top question! It depends on several factors including your weight, age, gender, activity level, & adjuncts used such as meal replacements or medication. A loss of one to three pounds a week is optimal, & typically predicts a sustainable loss for the future.

*Q. How much does the program cost?*

A. There are several price components of the program.

- Cost of products vary, depending on number used. A list of products & respective costs is available upon request & provided during initial visit.
- Patients will need to provide co-payments and/or co-insurance fees for any necessary physician checkups, nutrition consultations, blood work, and EKGs as determined by the program administrators.

*Q. When does the program start & end?*

A. Each individual person decides when it is best for him or her to start & end. Once someone joins our program, we are happy to see that individual as many times or as infrequently as he or she wishes.

*Q. How do I enroll?*

A. Call or e-mail Angela Simmons, CRNP, CBN, Bariatric Coordinator, at 410-641-9568 or [asimmons@atlanticgeneral.org](mailto:asimmons@atlanticgeneral.org) to begin the enrollment process.

## **Support Groups**

Support group is an important part of your weight-loss journey.

We encourage participation for all of our patients however there is NO penalty for not attending.

There are two support group classes for non-surgical patients & two support group classes for surgical patients each month.

Unless otherwise announced (i.e for weeks with holidays in them), meetings will take place either on-line or in the office conference room on the following days and times:

### **WEDNESDAYS**

**1<sup>st</sup> Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.**

**2<sup>nd</sup> Wednesday via Zoom from 5:00-5:30 pm \* Topic to be announced the week prior to group.**

**3<sup>rd</sup> Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.**

**4<sup>th</sup> Wednesday: No planned support group, but special support group meetings to be announced on case by case basis.**

**There will not be a meeting if there is a 5<sup>th</sup> Wednesday in the month.**

We may offer the in-person option depending on the provider and requests for this.

No one will be penalized in any way for not participating in these. Simply attend when you are able to with your respective group. **Both surgical and non-surgical patients may attend both types of groups if they wish to do so.** Contact the office if you have questions please.

Please do not hesitate to call or contact our office for any questions or concerns at 410-641-9568.

Thank you

### **Join from the meeting link**

<https://tidalhealth.webex.com/tidalhealth/j.php?MTID=m9502f86a7c66ea0dd6e6f1b3e14a1990>

### **Join by meeting number**

Meeting number (access code): 2306 822 7541

Meeting password: 8N2gB7xhBSQ

### **Tap to join from a mobile device (attendees only)**

+1-415-655-0001,,23068227541## US Toll

### **Join by phone**

+1-415-655-0001 US Toll

### **Join from a video system or application**

Dial [23068227541@tidalhealth.webex.com](mailto:23068227541@tidalhealth.webex.com)

You can also dial 173.243.2.68 and enter your meeting number.



**ATLANTIC GENERAL BARIATRICS: NEW DIRECTION PRODUCT ORDERING FORM**

PATIENT NAME: \_\_\_\_\_ TODAYS DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

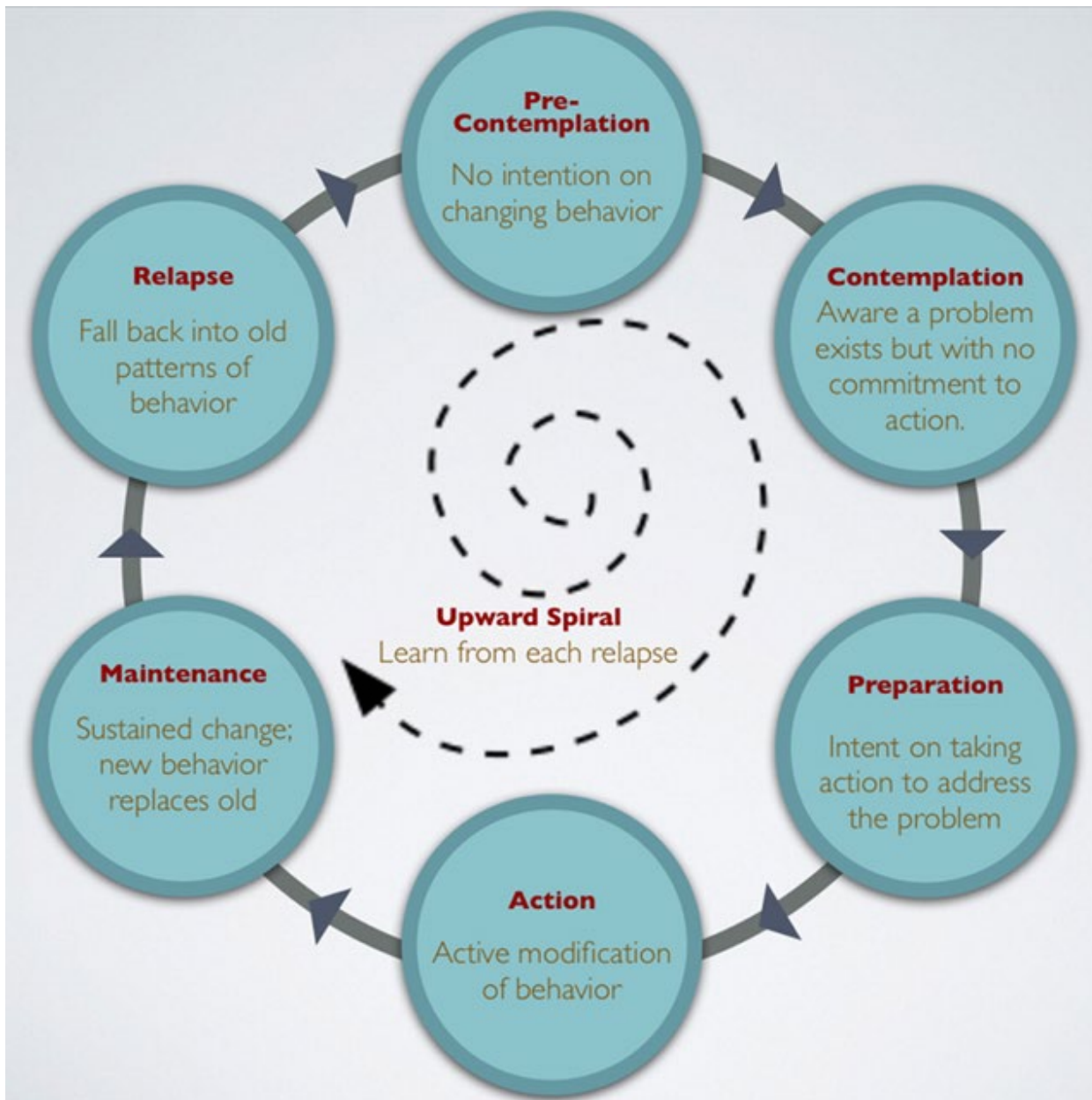
PATIENT #: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_.

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ PAYMENT METHOD: C.C / CASH / CHECK / AGH INS.

BARS \$10	QTY	BEVERAGES \$18	QTY	SNACKS	QTY
15 Gram		Caramel Frappe 27G/ 540 mg Na		Fava Chips Cheddar (\$1) 10 G/ 420 mg Na	
Brownie with Caramel 10G		Chocolate 27 G/ 580 mg Na		Fava Chips Garlic (\$1) 10 G / 360 mg Na	
Fudge Graham 15G		Chocolate Mint Pudding & Shake		Cheesecake 12 G/ 170 mg Na	
Lemon Meringue 10G		Chocolate Salted Caramel Pudding & Shake		<b>TOTAL: \$</b>	
Butter Pecan w/ Caramel 10G		Chocolate w/Fiber 27 G/ 580 mg Na		Honey Mustard Chips (\$1) 10G / 350mg Na	
Caramel Cocoa 15G		Cookies & Cream Pudding/Shake 27G/540 mg Na			
Chocolate Almond 15G		Fruity Cran- Grape w/ Fiber 15 G/ 65 mg Na		Tasty Bites Party Mix (\$1) 10 G/ 390 mg Na	
Cinnamon 15G		Hot Cocoa 12 G/ 230 mg Na		Tasty Bites Pizza (\$1) 10G	
Dark Chocolate S'mores 15G		Vanilla 27 G/ 580 mg Na		<b>TOTAL: \$</b>	
Double Berry 15G		Vanilla w/Fiber 27 G/ 580 mg Na		<b>DESSERTS \$16</b>	<b>QTY</b>
Marshmallow Brownie Crisp 10G		<b>TOTAL: \$</b>		<b>SOUPS \$16</b>	<b>QTY</b>
Oatmeal Cinnamon Raisin 10G		<b>ENTREES</b>	<b>QTY</b>	Cream of Chicken 15 G	
Peanut Butter Crunch 10G		Cheese Steak Pasta (\$8) 12G/ 480 mg Na		Cheddar Broccoli 27 G	
Peanut Butter Mousse 10G		Cheesy Nacho Pasta (\$8) 15 G/ 590 mg Na		Tortilla Soup	
Peppermint Cocoa Crunch 15G		Macaroni & Cheese (\$5) 12 G/ 880 mg Na		<b>TOTAL: \$</b>	
Salted Caramel 14G		Fettucine Alfredo (\$8) 12 G/ 870 mg Na		<b>ACCESSORIES</b>	<b>QTY</b>
Shortbread Cookie 15G		Vegetarian Chili w/Beans (\$8) 12 G/ 540 mg Na		Shaker Bottle (\$8)	
Sweet & Salty Peanut 10G		Vegetarian Sloppy Joe (\$8) 12 G/ 570 mg Na		Shaker Cup (\$2)	
Vanilla Caramel Crunch 15G		Zesty taco plant based rice (\$8) 15g w/ fiber		<b>TOTAL: \$</b>	
<b>TOTAL: \$</b>		<b>TOTAL: \$</b>			
		<b>BREAKFAST \$8</b>			
		Apple Cinnamon Oatmeal 10G/120 mg Na			
		Cinnamon O's Cereal 15G w/ Fiber			
		Mini Crisps Chocolate (\$5) 12 G/ 170 mg Na			
		Pancakes 15 G/ 270 mg Na			
		<b>TOTAL: \$</b>			

\_\_\_\_\_ was sold for 50% or free due to expiration date.

[https://www.google.com/search?q=cycle+of+change+pdf&rlz=1C1GCEA\\_enUS1006US1006&oq=cycle+of+c&aqs=chrome.69i59j0i433i512j69i57j0i512l7.2699j0j15&sourceid=chrome&ie=UTF-8#imgrc=cbL7nZnohfOXNM](https://www.google.com/search?q=cycle+of+change+pdf&rlz=1C1GCEA_enUS1006US1006&oq=cycle+of+c&aqs=chrome.69i59j0i433i512j69i57j0i512l7.2699j0j15&sourceid=chrome&ie=UTF-8#imgrc=cbL7nZnohfOXNM)



	NUTRITION	FITNESS	SLEEP	STRESS	RELATIONSHIPS	VALUES
NUTRITION	What are you eating? Quality foods? Amount? Hydration? Is timing appropriate?	Are you eating enough to support activity level and fitness goals?	Are you timing your eating to optimize sleep and recovery? Do you snack before bed?	Are you eating when stressed? What helps with that? How is your gut health?	Who do you eat with? Do you eat to socialize? Do you feel pressure to eat from friends and family?	What is your relationship with food? Does it serve a cultural purpose?
FITNESS	Are your calories and macros appropriate for your fitness goals?	Are you following the right program for your fitness goals? Are you pain free?	Are you exercising at the best time of day to support quality sleep? Do you get hot at night?	Do you find exercise relaxing? Is it done mindfully? Do you get outside?	Who do you share your fitness with? Where do family and friends fit in?	What purpose or value does fitness serve for you? Is it part of your identity?
SLEEP	How does your nutrition impact your sleep? Timing? Specific foods?	How does exercise affect your sleep? What is the best time to do it to optimize sleep quality?	Do you give yourself enough time to sleep? Do you have a bedtime ritual? Do you practice good sleep hygiene?	Do you practice a wind down routine and shut off devices? Is sleep a priority?	How does sleep fit into family and work life? What can you do to prioritize it while staying relationship focused?	Do you value sleep for your health and wellbeing? Why or why not?
STRESS	Do you eat when stressed? How do you manage that? What role does food play in your overall happiness?	Is work or life stress high? How does that impact your training? Do you adjust expectations accordingly?	Is your bedroom conducive to sleep and relaxing? What is your wind down routine? How do you clear your head before sleep?	What are your beliefs about stress? How do you manage it? Do you practice self care? What makes you feel most mindful? Do you have hobbies?	How do you manage conflict to alleviate stress? How do you balance work and home life? How do you prioritize relationships?	Are you staying present? Do you plan time off for self care and connection?
RELATIONSHIPS	Who do you eat with? What is meal time like? Are you mindful and present? Do you feel pressure to eat?	Does fitness serve a social value? Who do you share activities with? Where do family and friends fit in?	Are your relationships conducive to quality sleep? What can you do to prioritize sleep and recovery?	How do you manage conflict in your life? How do you leave work at work? How do your relationships support you?	Who in your life supports you? Who drains you? How do you foster positivity and show gratitude? How do you manage toxicity?	Do the relationships you maintain serve you well? What roles do you play in the lives of others?
VALUES	What role does nutrition play in your life? Why is it important? Do you feel better with whole foods? What impacts your food choices?	What role does exercise play in your life? Do you feel better when you are active? Do you have goals? How do they shift with your life stage?	Sleep is important for health. Do you make it a priority? Why or why not?	Are you living in the present moment? Do you practice self care during time off?	What do your best relationships have in common? How do you nurture them? How do you connect with others?	Are you happy? What are your dreams for the future? What will be your legacy? What are you grateful for? Where does health fit into your big picture?