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| **care.giver_logo_CMYK.jpg** | **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 the medical director, Dr. Zarif, our nurse practitioner, Angela Simmons, CRNP, CBN, Bariatric Coordinator & nurse practitioner, & our registered dieticians, 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 permanent weight loss through life long changes in dietary, exercise, & behavioral patterns. Personalized plans incorporate each patient’s individual challenges & life goals. Our staff communicates with our patients’ primary care providers & reports to them periodically as needed in order to facilitate practical & safe management of each patient. Periodic lab tests, EKGs, & other types of testing are ordered 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, & are run by our Nurse Practitioner & Registered Dietitian. 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. Patients are medically screened during this phase to see if it is safe for them to participate in the New Direction program. The screening process occurs during the initial appointment & includes a physical examination, review of medical history & laboratory testing.
* Stage 2: Reducing/Active Weight Loss. During this phase, patients will aim to lose 85-90% of their excess weight . Using the system’s nutritional products, participants begin to learn & practice weight management skills without the influence of much grocery food. This may take several months. Patients should expect to lose 1-3-5 lbs a week, on average.
* Stage 3: Adapting/Transitioning to primarily grocery food. In this phase, patients will aim to lose the last 10-15% of their excess weight . Practicing newly acquired eating & exercise habits, participants gradually return to grocery meals while still allowing them to stay in control of their eating.
* Stage 4: Sustaining/Maintenance-This stage aims to keep you within 5 lbs of your goal weight by continuing to give support using relapse prevention & individualized meal plans to help patients live a healthier lifestyle.

**Frequently Asked Questions**

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

A. During the weight loss phase you will follow a low calorie diet consisting of delicious drinks and bars specially formulated to provide the necessary proteins, carbohydrates, vitamins and minerals that you need, in addition to healthy grocery food. The meal replacement products can be used to supplement lean/green meals.

*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.

*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, and activity level. A loss of one to three pounds a week is considered a healthy rate of weight loss & typically predicts a sustainable loss for the future.

*Q. How much does the program cost?*

A. There are several price components of the program.

* Depending upon your needs, the program drinks and bars should be approximately $40-50 a week for breakfast, lunch and snacks. That’s less than $3 a meal.
* 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. Is the expenses of the products & the co-pays worth the cost in the long run?*

A. Motivated individuals who stick with the program find it to be well worth the investment. The cost, both financially and physically, of the complications and disease risks tied to being overweight, are much greater than the cost of the medical weight loss care provided through AGH New Direction.

*Q. When does the program start?*

A. Each individual person decides when it is best for him or her to start.

*Q. How do I enroll?*

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



**Insurance Guidelines**

**Coverage for weight loss surgery and preparation for surgery vary greatly from policy to policy. This document is designed to help you determine your level of coverage and the requirements of your individual plan. Start by calling the number on the back of your insurance card. Ask to speak with a “benefits” representative or someone about “pre-authorization” for bariatric services.**

Insurance Company/Representative’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Ask the representative to look up your particular policy by your policy number.

Does my policy cover Non-surgical Bariatric services (Provider visits & labs)Yes / No

* If the answer is No, ask if there are any exemptions for medical reasons such as Diabetes, High Blood Pressure, High Cholesterol, or other medical issues.
* What are the requirements for coverage?
* Do I need supervised weight loss attempts with a Dietician? Yes / No
* If Yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do they need to be consecutive? Yes / No
* Do I need any specific studies? (i.e. UGI) Yes / No
* Do I need to journal food/exercise? Yes / No
* Do they cover Nutritionists/Dietitian visits? Yes / No
* If the answer is yes, do they cover services provided by Atlantic General Hospital? Yes / No
* Does insurance cover medical supervision of treatment programs? Yes / No
* Do I need referrals for initial consultation with the nutritionist, or other providers? Yes / No

# New Direction Patient Contract/Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to enroll in the New Direction medical weight loss program through Atlantic General Hospital.

**I, the patient understand & agree to the following:**

1. I am committing to making necessary lifestyle changes required to lose weight. This will likely be difficult, but I know it is worth my effort, time, & money.
2. It may take a long time to reach my goal. I did not become overweight in a week or month, & cannot expect to lose my excess weight in that amount of time. I must be patient with myself & my providers along this journey.
3. My health care team will not judge me. They are here to provide me with the resources & guidance I will need to be successful, to give me encouragement & reassurance when I need it.
4. I will try to focus on the positive. Always. When I am struggling, I will reach out to my team.
5. This is a life-long commitment I am making to myself.
6. In order to succeed I will need to attend regular visits with the Registered Dietician, & Nurse Practitioner. I will also be required to undergo initial lab & EKG testing, then routine lab monitoring every 4 weeks at the discretion of the Nurse Practitioner in order to ensure my safety & health throughout my program.
7. I also understand that I must attend weekly support groups which focus on nutrition or behavioral modification or exercise. I must commit to attending at least 2 out of 4 meetings per month to be able to learn new information & how to implement changes.
8. I will purchase the ND products for my own use, & understand that these are not returnable.

**Our Commitment to you:** The Bariatric Team at AGH pledges to empower you with knowledge & skills necessary to take control of & responsibility for your own weight management in a safe, effective, & dignified manner. We will do our best to support all of your efforts to lose weight in a way that is fashioned & tailored to your individual needs & desires.

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bariatric Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Treatment Consent Form

AUTHORIZATION FOR EXAMINATION AND TREATMENT

 1. Having been explained the risks and benefits of the NEW DIRECTION WEIGHT CONTROL PROGRAM (“Program”) a medically monitored Program for rapid, safe\* weight loss and complete education to help manage weight. I knowingly and voluntarily desire to participate in the Program.

 2. I am aware that I must meet medical and psychological screening criteria established by the NEW DIRECTION team of weight management professionals before entering the Program.

 3. I hereby authorize and consent to have Program physicians perform complete physical, and diagnostic procedures including blood test, electrocardiogram (“EKG”), and possibly a stress test and/or chest radiography for evaluation purposes. I have had the opportunity to ask questions regarding the diagnostic procedures.

 4. As part of the NEW DIRECTION WEIGHT CONTROL PROGRAM continuous medical monitoring is mandatory. Consequently, upon acceptance to the Program, I willingly agree to have this monitoring performed (blood tests, periodic EKG, and other tests as indicated).

 5. I am aware during the fasting period possible side effects may occur from ketosis. Ketosis is an increased amount of fat by-products (ketone bodies) in the body due to altered nutrient composition of the diet (low carbohydrate). These side effects include dizziness and fruity breath. Less common, but possible side effects are fatigue, leg cramps, missed or late menstrual periods, dry skin, temporary hair loss, sensitivity to cold, diarrhea, and constipation.

 6. I have been informed that foot-drop is a rare transitory side effect of weight loss.

 7. I have been informed that any weight loss regimen increases the chance of gallstone formation.

 8. If medical complications unrelated to weight loss arise during the Program, I am fully aware I will be referred back to my private physician for treatment and evaluation.

 9. I recognize that if I should become pregnant my participation in the (if applicable) Program must be terminated.

 10. I understand that I will pay for my Products and Program services on a weekly basis. I understand that it is my responsibility to pay for these services myself, but that *(hospital name)* will assist me in applying for reimbursement from or through any available insurance coverage, which I may have and will provide, necessary and pertinent information requested in connection with any applicable insurance coverage. However, I understand that I am fully responsible for payment of the entire charges regardless of whether I have or believe I have insurance coverage, which would apply.

 11. The NEW DIRECTION team of weight management professionals has answered my questions regarding this Program and possible side effects.

 12. No guarantee has been given to me by anyone as to the results that may be obtained.

 13. Having been advised of the above, I authorize and consent to the performance of the procedures and other treatment of the Program.

\* Physician monitoring is required to help minimize the potential for health risks.

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Participant Date Witness Date

\*\*Affirmation by Physician. The matter set forth above has been explained by me to the signor of this form

**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 |

**ATLANTIC GENERAL BARIATRICS**

**NEW DIRECTION PRODUCT ORDERING FORM**

**PATIENT NAME: TODAYS DATE:**

**PATIENT #: PAYMENT METHOD:**

**DOB: TOTAL:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BARS $8** | **QTY** | **BEVERAGES $16** | **QTY** | **PUDDINGS $16** | **QTY** |
| 15 Gram Variety |  | Caramel Frappe 27G/ 540 mg Na |  | Chocolate 27 G/ 480 mg Na |  |
| 10 Gram Variety |  | Chocolate 27 G/ 580 mg Na |  | Lemon w/Fiber 15 G/ 460 mg Na |  |
| Butter Pecan with Caramel Bar 10 G |  | Chocolate w/Fiber 27 G/ 580 mg Na |  | Natural Vanilla 27 G/ 430 mg Na |  |
| Caramel Cocoa 15 G |  | Chocolate Pea Protein 15 G/ 330 mg Na |  | Vanilla 27 G/ 460 mg Na |  |
| Chocolate Almond 15 G |  | Cookies & Cream Pudding/Shake 27 G/ 540 mg Na |  | **SNACKS** | **QTY** |
| Cinnamon 15 G |  | Fruity Cran- Grape w/ Fiber 15 G/ 65 mg Na |  | Fava Chips Cheddar ($1) 10 G/ 420 mg Na |  |
| Dark Chocolate S’mores 15 G |  | Hot Cocoa 12 G/ 230 mg Na |  | Fava Chips Garlic ($1) 10 G / 360 mg Na |  |
| Fudge Graham 15 G |  | Mixed Berry Drink 15 G/ 70 mg Na |  | Honey Mustard Chips ($1) 10G / 350mg Na |  |
| Lemon Meringue 10 G |  | Mixed Berry Drink w/ Fiber 15 G/ 70 mg Na |  | Mini Crisps Chocolate ($5) 12 G/ 170 mg Na |  |
| Marshmallow Brownie Crisp 10 G |  | Nat Mixed Berry Smoothie 27 G/ 460 mg Na |  | Pretzel Twists ($1) 10 G  |  |
| Oatmeal Cinnamon Raisin 10 G |  | Orange Mango Fruit Drink 27 G/ 540 mg Na |  | Tasty Bites Party Mix ($1) 10 G/ 390 mg Na  |  |
| Peanut Butter Mousse 10 G |  | Pineapple Apricot 27 G/ 660 mg Na |  | Tasty Bites Pizza ($1) 10 G/ 670 mg Na  |  |
| Peanut Butter Crunch 10 G |  | Strawberry 27 G/ 660 mg Na |  | **SOUPS $16**  | **QTY** |
| Peppermint Cocoa Crunch 15 G |  | Vanilla 27 G/ 580 mg Na |  | Cheddar Broccoli 27 G |  |
| Salted Caramel 14 G |  | Vanilla w/Fiber 27 G/ 580 mg Na |  | Cream of Chicken 15 G  |  |
| Shortbread Cookie 15 G |  | Vanilla Pea Protein 15 G/ 310 mg Na |  | Chicken Noodle 15 G |  |
| Sweet & Salty Peanut Bar |  | Variety Pack 27 G |  | **SHAKER CUP ($2)** | **QTY** |
| Vanilla Caramel Crunch 15 G |  | **ENTREES** | **QTY** | **SHAKER BOTTLE ($8)** | **QTY** |
| **BREAKFAST $8** | **QTY** | Cheese steak Pasta ($8) 12G/ 480 mg Na |  |  |  |
| Apple Cinnamon Oatmeal 10 G/ 120 mg Na |  | Cheesy Nacho Pasta ($8) 15 G/ 590 mg Na |  |  |  |
| Maple Oatmeal 15 G/ 200 mg Na |  | Fettucine Alfredo ($8) 12 G/ 870 mg Na |  |  |  |
| Pancakes 15 G/ 270 mg Na |  | Macaroni & Cheese ($5) 12 G/ 880 mg Na |  |  |  |
| **DESSERTS $16** | **QTY** | Vegetarian Chili w/Beans ($8) 12 G/ 540 mg Na |  |  |  |
| Cheesecake 12 G/ 170 mg Na |  | Vegetarian Sloppy Joe ($8) 12 G/ 570 mg Na |  |  |  |
| Chocolate Fudge Cake 12 G/ 75 mg Na |  | **\*All products range from 100-200 calories.** |  |  |  |
| **G refers to Protein, Na= Sodium** |  |  |  |  |  |

Orders may be placed between 8am-4pm, Monday- Friday, and must be placed and picked up 15 minutes prior to support groups. Payment will be expected at the time of pick up. To place an order by phone, a debit &/or credit card is required at the time of call. Our office phone number is 410-641-9568.