



Lindsborg
Community Hospital
Salina Regional Health Center

Family Health Care Clinic

605 W Lincoln • Lindsborg, KS 67456 • 785-227-3371 • FAX 785-227-3004 • www.lindsborghospital.org

Enrollment Packet

Thank you for your interest in ***Medically Supervised Weight Management***

Prior to your first appointment, please complete the following forms so that we can get to know you and design a program to meet your specific needs.

- Carbohydrate Quiz
- Motivational Source Inventory
- Nutritional History
- Patient Health Questionnaire (PHQ-9)
- Snore Score Questionnaire
- Consent Form (wait to sign this until you meet with Greg)

At your first appointment you will meet with a health coach who will complete the following prior to you meeting with Greg Lindholm, PA or Jade Banning, PA

- Body Composition Analysis (a special scale to stand on)
- Blood pressure, and pulse
- Waist Circumference & other measurements
- “Before” picture (optional)

WELCOME!!!



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Name: _____ Date of Birth: _____

CARBOHYDRATE QUIZ

1. After a full breakfast, do you get hungry before it's time for lunch?
Yes___ No___
2. Do you have a difficult time stopping once you start to eat starches, snack foods, junk food or sweets?
Yes___ No___
3. Do you sometimes eat even though you are not really hungry?
Yes___ No___
4. Are you sometimes unable to keep from snacking at night?
Yes___ No___
5. After a large meal, do you feel very sluggish, almost drugged?
Yes___ No___
6. Do you get unexplainably tired and/or hungry in the afternoon?
Yes___ No___
7. Do you sometimes feel unsatisfied even though you have just finished a meal?
Yes___ No___
8. Does the sight, smell, or even the thought of food sometimes stimulate you to eat when you are full?
Yes___ No___
9. Have you, at times, continued eating even though you felt uncomfortably full?
Yes___ No___
10. Have you been on diet after diet only to lose weight then regain it again?
Yes___ No___

	Almost Never			Sometimes				Most of the Time		
	1	2	3	4	5	6	7	8	9	10
18) I usually prefer walking away from a disagreement rather than confronting someone.	1	2	3	4	5	6	7	8	9	10
19) I tend to see things as black or white with few shades of gray.	1	2	3	4	5	6	7	8	9	10
20) It is easy for me to see the potential in others and I enjoy assisting them in doing their best.	1	2	3	4	5	6	7	8	9	10
21) I have the ability to see how to cut corners in projects to make sure I do the best job.	1	2	3	4	5	6	7	8	9	10
22) My sad moods are important to me, because they help me keep in touch with my feelings.	1	2	3	4	5	6	7	8	9	10
23) Conserving my energy and my money is always one of my major concerns.	1	2	3	4	5	6	7	8	9	10
24) I constantly question myself about what might go wrong.	1	2	3	4	5	6	7	8	9	10
25) My style tends to be to go from one task to another, because I like to keep on the move.	1	2	3	4	5	6	7	8	9	10
26) I enjoy situations where I have to be strong to protect others.	1	2	3	4	5	6	7	8	9	10
27) In general, I have placed other people's needs before my own.	1	2	3	4	5	6	7	8	9	10
28) It makes me angry that some people are late for almost everything.	1	2	3	4	5	6	7	8	9	10
29) I am comfortable jumping in and rescuing people, even if they do not understand the trouble they are in.	1	2	3	4	5	6	7	8	9	10
30) I have liked to let people know what I have accomplished.	1	2	3	4	5	6	7	8	9	10
31) My deepest feelings are expressed through my special creativity.	1	2	3	4	5	6	7	8	9	10
32) I dislike most social events. I'd rather be alone or with a few people I know very well.	1	2	3	4	5	6	7	8	9	10
33) I worry more about the safety of my family and friends than they worry about themselves.	1	2	3	4	5	6	7	8	9	10
34) I have always enjoyed many kinds of interests and experiences, as long as they are not dangerous.	1	2	3	4	5	6	7	8	9	10
35) My self-reliance and strength has been a key to my success in helping the less fortunate.	1	2	3	4	5	6	7	8	9	10
36) I go out of my way to avoid conflict and usually prefer neutral positions.	1	2	3	4	5	6	7	8	9	10
37) I tend to have been highly critical of myself and others.	1	2	3	4	5	6	7	8	9	10
38) I have worked much harder than others to make my relationships successful.	1	2	3	4	5	6	7	8	9	10
39) I have gone after and achieved goals that have excellent potential for personal reward or recognition.	1	2	3	4	5	6	7	8	9	10
40) It is easy for me to understand my honest feelings.	1	2	3	4	5	6	7	8	9	10
41) I usually get tired when I have been with people for very long.	1	2	3	4	5	6	7	8	9	10
42) I have a tendency to immediately see how things could go wrong.	1	2	3	4	5	6	7	8	9	10
43) Some people don't understand how easily I see the brighter sides of unpleasant situations.	1	2	3	4	5	6	7	8	9	10
44) I may get angry quicker than most, but it's usually justified.	1	2	3	4	5	6	7	8	9	10

	Almost Never			Sometimes				Most of the Time		
	1	2	3	4	5	6	7	8	9	10
45) I have a tendency to wait until the last minute to complete the most important tasks.	1	2	3	4	5	6	7	8	9	10
46) I tend to get very angry at people that rarely follow the rules.	1	2	3	4	5	6	7	8	9	10
47) I frequently have become emotionally drained from taking care of other people's needs.	1	2	3	4	5	6	7	8	9	10
48) Many people find me attractive because of my achievements.	1	2	3	4	5	6	7	8	9	10
49) Being understood has been very important to me.	1	2	3	4	5	6	7	8	9	10
50) I like to feel invisible, and it surprises me when anyone notices anything about me.	1	2	3	4	5	6	7	8	9	10
51) I prefer things to stay the same, change is frequently very uncomfortable.	1	2	3	4	5	6	7	8	9	10
52) Even if I set the rules, I am uncomfortable with limited options.	1	2	3	4	5	6	7	8	9	10
53) I am usually the one that makes the rules.	1	2	3	4	5	6	7	8	9	10
54) Frequently, it is hard for me to get started, but once started, it is easy for me to keep going.	1	2	3	4	5	6	7	8	9	10

**Place your answers to the above questions in the corresponding boxes below.
Then add the rows across and place the totals at the box at the end of each row.**

1	10	19	28	37	46	[one]
2	11	20	29	38	47	[two]
3	12	21	30	39	48	[three]
4	13	22	31	40	49	[four]
5	14	23	32	41	50	[five]
6	15	24	33	42	51	[six]
7	16	25	34	43	52	[seven]
8	17	26	35	44	53	[eight]
9	18	27	36	45	54	[nine]

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?(Use “✓” to indicate your answer)

	Not at All	Several days	More than half the days	Nearly every day
1. Little Interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Add columns + +

(Healthcare professional: For interpretation of TOTAL,
Please refer to accompanying scoring card).

TOTAL:

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely Difficult _____

WHAT'S YOUR SNORE SCORE?

1. Are you a loud and/or regular snorer? Yes No
2. Have you ever been observed to gasp or stop breathing during sleep?
 Yes No
3. Do you feel tired or groggy upon awakening, or do you awaken with a headache?
 Yes No
4. Are you often tired or fatigued during the wake time hours?
 Yes No
5. Do you fall asleep sitting, reading, watching TV or driving?
 Yes No
6. Do you often have problems with memory or concentration?
 Yes No

Name: _____ DOB: _____

Family Health Care Clinic

Medically Supervised Weight Management Consent Form

I, _____, authorize Greg Lindholm, P.A., Jade Banning, PA-C and Ben Dolezal, M.D. to help me in my weight reduction efforts. I understand that my program may consist of a balanced deficit diet, a regular exercise program, instruction in behavior modification techniques, and may involve the use of appetite suppressant medications. Other treatment options may include a very low calorie diet, or a protein supplemented diet. I further understand that if appetite suppressants are used, they may be used for duration exceeding those recommended in the medication package insert. It has been explained to me that these medications have been used safely and successfully in private medical practices as well as in academic centers for periods exceeding those recommended in the product literature.

I understand that any medical treatment may involve risks as well as the proposed benefits. I also understand that there are certain health risks associated with remaining overweight or obese. Risks of this program may include but are not limited to nervousness, sleeplessness, headaches, dry mouth, gastro intestinal disturbances, weakness, tiredness, psychological problems, high blood pressure, diabetes, heart attack and heart disease, arthritis of the joints including hips, knees, feet and back, sleep apnea, and sudden death. I understand these risks may be modest if I am not significantly overweight, but will increase with additional weight gain.

I understand that if I am seeing Greg or Jade for weight management this does not mean he is my primary care provider (PCP). I will continue to see my PCP for medical concerns not related to weight management.

I understand that much of the success of the program will depend on my efforts and that there are not guarantees or assurances that the program will be successful. I also understand that obesity may be a chronic, life-long condition that may require changes in eating habits and permanent changes in behavior to be treated successfully.

I have read and fully understand this consent form and I realize I should not sign this form if all items have not been explained to me. My questions have been answered to my complete satisfaction. I have been urged and have been given all the time I need to read and understand this form.

I have asked any questions regarding the risks or hazards of the proposed treatment, or any questions whatsoever concerning the proposed treatment or other possible treatments.

Date: _____ Time: _____

Patient signature: _____

Printed name: _____