



HEALTH CENTER

MEDICALLY SUPERVISED **WEIGHT LOSS**

NADER SAID, MD
Board Certified in Anesthesiology
Board Certified in Pain Management
Board Certified Bariatric (Weight Loss) Physician

- **American Board of Pain Medicine**
- **American Board of Anesthesiology**
- **American Academy of Pain Medicine**
- **American Medical Society**
- **American Pain Society**
- **American Society of Anesthesiologists**
- **American Society of Interventional Pain Physicians**
- **Florida Academy of Pain Medicine**
- **Florida Medical Associations**
- **Florida Society of Anesthesiologists**
- **American Society of Bariatric (Weight Loss) Physicians**

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727-376-6111

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Clearwater, FL 33759
727-712-7091

935 Beneva Road N., Suite 707
Sarasota, FL 34232
941-565-3490

Dr. Said Bariatric MEDICAL HISTORY

Date:-----

Name:-----

Age:

F / M

Allergy to medications or foods:

Current medications:

Past Medical History of:

High blood pressure-----

Heart Attack-----

Irregular heart beats-----

Gastrointestinal disease-----

Lung disease-----

Sleep apnea-----

Glaucoma-----

Seizure-----

Kidney disease-----

Liver Disease-----

Thyroid-----

Diabetes-----

Past Surgical History:

-
-
-

Gynecology:

Number of Pregnancies

Menstrual cycle : Regular or not

Date of last one

Psychiatric History:

Depression / Anxiety / Binge eating

Other:

Family History of Overweight:

Weight History:

Present Weight ----- one year ago----- at age 20-----

Desired Weight----- in how long-----

Previous weight loss attempts-----

Previous Appetite suppressants-----

Eating History:

Eating in house or out?

You cook or not?

Do you have groceries list?

Time of the day you are eating most

Do you awaken hungry during the night?

Do you eat a lot under stress?

Social and activity level:

Do you consume a lot of Alcohol Coffee Tea?

Do you consume Tobacco other illicit drugs?

Are you satisfied at work?

Are you calm, impatient, or moderate?

Are you active, not, or moderate?

How many hours do you sleep at night?

Clinical features of **Hypothalamic obesity**

1. Endocrine disturbances, amenorrhea/impotence, impaired growth, diabetes insipidus, thyroid/adrenal insufficiency
2. Intracranial pressure papilledema, vomiting.
3. Neurological disturbances, thirst, somnolence.

Features of the **Polycystic Ovary Syndrome**

Clinical and metabolic components of the polycystic ovary syndrome

Menstrual abnormalities:	Amenorrhea or oligomenorrhea Anovulation Infertility Increase risk of miscarriage Dysfunctional bleeding
Hyperandrogenism:	Hirsutism Seborrhea and acne Male pattern of balding Elevated plasma androgens
Hypothalamic-pituitary abnormalities:	Increased LH or LH/FSH ratio Increased prolactin
Metabolic abnormalities:	Obesity (10-80%) Insulin resistance, even in nonobese women Acanthosis nigricans

Drugs That Produce Weight Gain and Alternatives

Category	Drugs that cause weight gain	Possible alternatives
Neuroleptics	Thioridazine; olanzepine; quetiapine; risperidone; clozapine	Molindone; haloperidol; ziprasodone
Antidepressants		
Tricyclics		
Monoamine oxidase Inhibitors	Amitriptyline; nortriptyline imipramine; mitrazapine; paroxetine	Protriptyline Bupropion; nefazadone
Selective serotonin Uptake inhibitors		Fluoxetine; setraline
Anticonvulsants	Valproate; carbamazepine; Gabapentin	Topiramate; lamotrgine; zonisamide
Antidiabetic drugs	Insulin Sulfonylureas Thiazolidinediones	Miglitol; sibutramine Metformin; orlistat
Antiserotonin	Pizotifen	
Antihistamines	Cyproheptidine	Inhalers; decongestants

Adrenergic blockers
Adrenergic blockers
Steroid hormones

Propranolol
Terazosin
Contraceptives
Glucocorticoids

ACE inhibitors; calcium channel blockers
Barrier methods
Nonsteroidal anti-inflammatory agents

Clinical Findings with **Cushing's Syndrome**

Sign/symptom

Decreased libido
Obesity
Plethora
Round face
Menstrual changes
Hirsutism
Hypertension
Ecchymoses
Lethargy, depression
Striae
Weakness, ECG changes/atherosclerosis
Dorsal fat pad
Edema
Abnormal glucose tolerance
Osteopenia or fracture

Clinical Features of the **Metabolic Syndrome**

Risk factor abdominal obesity Defining level

Men	40"
Women	35"
HDL cholesterol	
Men	40 mg/dL
Women	50mg/dL
Triglycerides	150mg/dL
Fasting glucose	110 mg/dL
Blood pressure (SBP/DBP)	130/85 mm Hg

ABSOLUTE CONTRAINDICATIONS

UNCOTROLLED HYPERTENTION
ACTIVE CORONARY HEART DISEASE
SEVERE ARRHYTHMIAS
HISTORY OF ETOH/ SUBSTANCE ABUSE (3 YEARS)
PREGNANCY / NURSING
MAOIs
PULMONARY HYPERTENSION
NARROW ANGLE GLUCOMA
RENAL FAILUTE / SEVERE LIVER DISEASE
UNCONTROLLED PANIC DISORDER
ACTIVE CANCER

PATIENT INTERVIEW

NAME: _____

PHONE: _____ ALT PH # _____

ADDRESS: _____

SS# _____ DOB _____ MARITALSTATUS _____

EMPLOYER/SCHOOL _____ PHONE # _____

EMERGENCY CONTACT _____ PHONE _____

REFERRED BY: _____

PRIMARY CARE PHYSICIAN: _____

PHONE # _____ FAX _____ LAST SEEN _____

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH

INFORMATION: I have read the authorization for use and disclosure of protected health information. I understand that I have the right to inspect and/or obtain a copy of the protected health information to be used or disclosed as permitted under federal law or state law to the extent the state law provides greater access rights. Or refuse to sign this authorization.

Name of person or persons we may speak to regarding your health:

May we leave a message regarding an upcoming appointment on your answering machine: _____ Yes
_____ No

Patient Signature: _____ Date: _____

Signature of Legal Representative (if other than Patient):

_____ Relationship to Patient: _____

Witness: _____ Date: _____