

Obesity is a very common disorder, shortening the lifespan of millions of people around the world. In the USA, 65% of the adult population is overweight. The World Health Organization (WHO) has called obesity an epidemic. This epidemic has now reached worldwide proportions, and society faces a problem that will cause more suffering, disease, and death than any other plague over the last 300 years. Individuals who tend to gain weight around the abdomen are at a higher risk than people of healthy weight for serious medical conditions such as high blood pressure, heart attack, stroke, diabetes, gallbladder disease, and different cancers.

We have all watched many popular diet plans come and go, but a successful diet plan needs to be easy to follow, show rapid, measurable weight loss, and help to lose fat - not muscle. It must be safe, and the plan must allow for long-term weight control.

Your healthcare provider is able to help you achieve and maintain your goals by constructing an individualized weight loss plan that most always involves diet and exercise. Oftentimes, the weight loss plan also involves prescription medication. Many of these medications vary in terms of efficacy and safety, and need to be dosed specifically to you.

Complete the attached questionnaire and share your answers with your healthcare provider. They can discuss the potential benefits and risks of any weight-loss program, including the medications involved. As a team, you and your doctor can create the most effective weight-loss plan for you.

Complete the questionnaire below to help your healthcare provider understand your weight history and weight loss goals.

Weight History

How long do you feel that your weight has been a problem?

What diets have you attempted in the past?

What do you think would prevent you from reaching your weight loss goals?

List any medical problems, injuries, or life events that have significantly affected your weight. Include year and weight change.

Are you more of a structured eater or a haphazard eater? Explain.

What eating habits do you have that bother you or contribute to your weight problem?

Briefly describe a “typical” day’s food intake:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Weight Loss Goals

How much weight do you want to lose?

1-5 lbs 6-15 lbs >15lbs

By what date would you like to lose the weight?

Why do you want to lose the weight?



NOW IS THE
TIME TO ACHIEVE YOUR
WEIGHT LOSS GOALS!



Slim
weight loss support



www.innovationcompounding.com
pharmacist@innovationcompounding.com
Phone: 800-547-1399
Fax: 800-517-5509

