



Mercy Clinic Weight & Wellness

15945 Clayton Road, Suite 310
Ballwin, MO 63011
P: 636-893-1356 • F: 636-893-1358

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Thank you for choosing Mercy Clinic Weight and Wellness!

Please see the reminders below to ensure you have an excellent experience.

- All prospective patients must obtain a referral from their PCP or other medical provider to be eligible to start the program. If your provider is outside of the Mercy network, referral information should be faxed to 636-893-1358.
- We ask that you arrive 30 minutes prior to your new patient appointment to ensure registration and paperwork are complete. Please arrive 15 minutes prior to established appointments and have your insurance card(s) with you at every appointment.
- Out of respect for patients and providers, we ask for at least 24-hour notice when cancelling or rescheduling an appointment.
- Patients arriving 10 minutes or later than their scheduled appointment time will be asked to reschedule.
- **PLEASE NOTE – All paperwork must be completed and returned prior to your new patient appointment or you will be asked to reschedule.**

If you have any questions, please feel free to call our office at 636-893-1356. Office hours are Mon, Wed, Thurs, and Fri: 8am-4:30pm and Tues 9:30am-6pm.

Please complete the enclosed new patient forms, and return via mail, fax, or drop off to the address below.

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We look forward to working with you and supporting your weight loss goals!!



How Mercy Clinic Weight and Wellness works:

Structured Weight Loss Program:

Our structured program is, at minimum, a 6-month program that provides you with the support needed to achieve your weight goals through the individualized treatment plan developed at your initial visit.

How it works:

- Monthly visits with your Obesity Medicine team: Nurse Practitioner, Dietitian, and Physicians specialized in Obesity Medicine.
- Individual lifestyle support visits designed to increase knowledge, provide support, or make minor adjustments to your treatment plan
- Monitoring of weight loss progress and vitals at each appointment

Monthly visits are required to participate in the clinic.

At the completion of your first 6 months in the program your progress will be fully reevaluated. If you are still progressing toward your weight loss goals, then you may continue in the structured program. Your visits will be less frequent at that time.

If you have Medicare, you are eligible for Intensive Behavioral Therapy*:

- Weekly visits for the first month
- Bi-weekly visits for months 2-6.
- Visits may be conducted by multiple members of our team specifically trained in weight management
- Medical visits are required at intervals determined by your healthcare provider
- Convenient scheduling of multiple appointments

* Some private insurances will cover this program. Please call and check with your provider to see if it is covered: CPT (Current Procedural Terminology) G0447. You may also pay for this program out of pocket- \$45 a visit. If you pay at the time of service, you will receive a 25% discount.



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Coverage and Cost:

There is a one-time program fee of \$60 at your initial visit and all other charges will be billed to your insurance. Copays and coinsurance will apply. Most insurance plans will cover some or all these visits. Medical visits are billed as any other office visit with a healthcare provider and are subject to usual copays, deductibles, and coinsurance. Mercy Clinic Weight & Wellness cannot guarantee that your insurance will cover your visit. Please call your insurance for further explanation of your benefits.

Initial Visit:

Please allow two hours for your initial visit. Your first visit will include:

- In-depth weight management health assessment with your treatment team: nurse practitioner, registered dietitian and athletic trainer
- Development of an individualized weight management treatment plan based on 4 pillars of weight management: nutrition, physical activity, behavior and medication
- A body composition analysis will be performed. Labs, EKG, or other diagnostic testing may be ordered based on individual needs

Second Visit:

Your second appointment will be with an obesity medicine physician. The individualized weight management treatment plan that was established at the initial appointment will be reviewed and revised if needed.

Subsequent Appointments:

The next 5 visits will be monthly with the nurse practitioner or physician. These appointments will help you work on your weight management treatment plan to help you reach your goals. At the completion of your first 6 months in the program your progress will be fully reevaluated. If you are still progressing toward your weight loss goals, then you may continue in the structured program with less frequent visits.

Long-term Support:

Weight management is a lifelong journey. Frequent long-term patient-provider contact following initial weight loss is the most successful method for preventing weight regain. Once you have reached your weight loss goals an individualized long-term maintenance plan will be developed. Periodic visits will be scheduled to evaluate the success of components of the maintenance plan and adjustments made when needed. Follow up is recommended every 6-12 weeks (about 3 months) for 12-24 months (about 2 years) after reaching your weight loss goals.



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New Patient Intake Form

Patient Name: _____ DOB: _____

Weight History

How old were you when you first became more than 20 pounds overweight? _____

What was your weight in high school? _____ pounds

Were you overweight as a child? Yes No

What was the highest weight you have been in your life? _____ pounds

Have any of your close relatives been overweight or had obesity? (check all that apply) Mother Father
Siblings

Have you ever been treated by a doctor for your weight? Yes No When (year)? _____

Were you successful? Yes No How much weight did you lose? _____ pounds

Have you ever consulted with a registered dietician? Yes No

Have you ever participated in a weight loss program? Yes No

Please indicate which of the following weight loss programs that you have tried:

Program	Length of Time	Pounds Lost	When?
Jenny Craig			
Medi-Fast			
Nutri-system			
Weight Watchers			
Other:			

Surgery

Have you ever had bariatric surgery? Yes No

Are you currently interested in considering bariatric surgery? Yes No

Have you ever consulted a surgeon regarding bariatric surgery? Yes No



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Have you ever taken medication to lose weight? *(check all that apply)*

Medication	Was it effective?	Side effects that caused you to discontinue <i>(please list)</i>	Length of time on this medication
Phentermine <i>(e.g., Adipex)</i>			
Belviq <i>(lorcaserin)</i>			
Contrave <i>(naltrexone/bupropion)</i>			
Qsymia <i>(phentermine/topiramate)</i>			
Tenuate <i>(diethylpropion)</i>			
Saxenda <i>(liraglutide)</i>			
Xenical <i>(prescription orlistat)</i>			
Alli <i>(over the counter orlistat)</i>			
Topamax <i>(topiramate)</i>			
Glucophage <i>(metformin)</i>			
Victoza <i>(liraglutide for type 2 diabetes)</i>			
Phen/Fen or fenfluramine			
Semaglutide <i>(Ozempic, Rybelsus, Wegovy)</i>			

Have you ever been diagnosed with?

Binge Eating Disorder Bulimia Anorexia Nervosa

BED-7

During the last 3 months did you have any episodes of excessive overeating *(i.e., eating significantly more than what most people would eat in a similar period of time)*? Yes No

If you answered "No" to question 1, you may stop and skip to next section.

Do you feel distressed about your episodes of excessive overeating? Yes No

Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
During your episodes of excessive overeating, how often did you feel you had no control over your eating?				
How often did you continue eating even though you were no longer hungry?				
How often were you embarrassed about how much you ate?				
How often did you feel disgusted with yourself or guilty afterward?				
How often did you make yourself vomit as a means to control your weight or shape?				



Physical Activity

Do you exercise regularly? Yes No

If "yes," what kind of exercise?

How many times per week? _____ How many minutes per session? _____

How many hours per day do you watch television? _____

Do you work outside the home? Yes No

If yes, what type of work? _____

Do you do housework? Yes No How often? _____

Do you walk to work/school? Yes No Sometimes How far? _____

Do you have any limitations keeping you from exercising? _____

On a scale of 1-10, with 10 being 100% ready to take action, how ready are you to lose weight? _____

Check any symptoms below that you have had in the past two weeks:

- ___Lack of energy ___Daytime sleepiness ___Snoring ___Chest pain ___Sleep apnea
- ___Palpitations ___Chest tightness ___Heartburn ___Arthritis ___Erectile dysfunction
- ___Reduced libido ___Irregular menses ___Joint pain ___Headaches ___Dark pigment to neck
- ___Neuropathy ___History of seizures ___Anxiety ___IBS ___Excessive hair growth
- ___Leg swelling ___Cold intolerance ___Shortness of breath with activity
- ___Depression ___Acne

OSA Screening

Do you SNORE loudly (<i>louder than talking or loud enough to be heard through closed doors</i>)?	Yes	No
Do you often feel TIRED, fatigued, or sleepy during daytime?	Yes	No
Has anyone OBSERVED you stop breathing during your sleep?	Yes	No



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Lifestyle

PHQ

Over the last 2 weeks, how often have you been bothered by any of the following problems? <i>(use X to indicate answer)</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure yourself, or let your family down				
Trouble concentrating on things, such as reading the newspaper, or watching television				
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				
Thoughts that you would be better off dead or of hurting yourself in some way				
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? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				