

# *Dr. Samadi's Health & Wellness Institute*

## *Medical Weight Management Programs*

### **Consultation Check List;**

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **I. Contraindication for Entry Into the Program**

#### **Ia. ABSOLUTE CONTRAINDICATIONS (any of the following questions answered in YES):**

|                                                    |                                                          |
|----------------------------------------------------|----------------------------------------------------------|
| Patient is pregnant                                | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Patient is actively attempting to get pregnant     | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Patient is actively attempting to induce pregnancy | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Patient is scheduled for in-vitro fertilization    | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Patient is lactating                               | NO <input type="checkbox"/> YES <input type="checkbox"/> |

#### **Active Medical Diseases:**

|                                                    |                                                          |
|----------------------------------------------------|----------------------------------------------------------|
| Recent heart attack (last 3 months)                | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Recent stroke (last 3 months)                      | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Recent bleeding ulcers (last 3 months)             | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Newly diagnosed cancer                             | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Undergoing any sort of active treatment for cancer | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Active infectious hepatitis                        | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Active tuberculosis                                | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| HIV/AIDS (+)                                       | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Active systemic infections (pneumonia, etc.)       | NO <input type="checkbox"/> YES <input type="checkbox"/> |

#### **Recent Post Major Surgical Period (last 3 months):**

|                                               |                                                          |
|-----------------------------------------------|----------------------------------------------------------|
| Abdominal surgery                             | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Total knee or hip                             | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Other recent major surgery (6 months or less) | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Large lacerations or wounds                   | NO <input type="checkbox"/> YES <input type="checkbox"/> |

#### **Ib. RELATIVE CONTRAINDICATIONS (any of the following questions answered in YES):**

|                                                                |                                                          |
|----------------------------------------------------------------|----------------------------------------------------------|
| Undergoing active systemic diseases                            | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Undergoing treatment for rheumatoid arthritis                  | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Undergoing treatment for lupus, sarcoidosis, scleroderma, etc. | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Undergoing treatment with high dose oral/injectable steroids   | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Undergoing treatment with monoclonal antibodies                | NO <input type="checkbox"/> YES <input type="checkbox"/> |