EVERWELL

EverWell Primary Care and Weight Management
Dr. Irawan's Office · Call or text (508) 770-6701
162 Main St, Northborough, MA 01532 · everwell360.com

Welcome to EverWell

Thank you for choosing EverWell, our physician-led weight management program. We're glad you're here. Weight is a medical condition, not a matter of willpower, and we'll build a plan with you that fits your life.

BEFORE YOUR FIRST VISIT

- ☐ **Fill out the Weight Intake Form** on the next pages. You can type right into this PDF, or print it and write. Bring it to your visit or send it through Patient Gateway.
- ☐ **Read our Weight Management Medications guide** at everwell360.com, so you know your options before we talk.
- ☐ **Check your insurance.** Ask your plan or HR which weight medicines are covered. The last page of the form has a list to check off.
- ☐ **Bring a list of your medicines** and supplements, with doses.

Your first visit

We get to know you first: your history, your goals and what you've tried before. Then we measure your body composition and review your recent labs, or draw them right here if you need them.

Body composition analysis. A scale shows one number. Our medical-grade analysis measures fat tissue, including the deeper fat around your organs, your muscle in each arm, each leg and your torso, and how much energy your body burns at rest. It's included in your visit. Please tell us if you have a pacemaker or another implanted electronic device; in that case we skip this measurement.

After that

Two weeks later	We go over your results together and start your plan.
Monthly visits	Regular check-ins keep you on track. Many patients mix in-person and video visits.
Once you reach your goals	Visits every 12 weeks to help you keep your progress.
Video visits	Follow-ups can be by video from anywhere in Massachusetts. We text you a link; just tap it to join.

We look forward to meeting you.

Warm regards,

Gunardi Irawan, MD, DABOM
and the EverWell team

EVERWELL

EverWell Primary Care and Weight Management
Dr. Irawan's Office · Call or text (508) 770-6701
162 Main St, Northborough, MA 01532 · everwell360.com

Weight Intake Form

This helps us build a plan around you and make the most of our time together. Click or tap any line or box to fill it in, and skip anything you'd rather talk about in person.

Name _____ **Date of birth** _____ **Today's date** _____

1 Your weight over time

Tell us how your weight has changed over the years, and anything that made a difference, such as a new job, a pregnancy, a move, an illness or a medicine.

Age or year	Weight	What was happening

Highest adult weight _____ **at age** _____ **Lowest adult weight** _____ **at age** _____

What are your goals, and why now?

What has helped you lose weight in the past?

Have you tried any formal programs, such as Noom, WW (Weight Watchers) or Jenny Craig? *When, and for how long?*

Do you ever eat more than you planned and feel out of control? *If so, how often?*

2 Eating and activity

What does a typical day of eating look like for you?

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Drinks	

What about weekends and special occasions?

How often do you get fast food or eat out?

What exercise or activity do you do now, if any?

Are there any foods you can't eat? *Allergies, intolerances, or cultural or religious reasons*

3 Sleep

Please check yes or no	Yes	No
Do you snore?	○	○
Do people tell you that you stop breathing in your sleep?	○	○
Do you have headaches in the morning?	○	○
Are you sleepy most of the day?	○	○
Can you fall asleep anywhere?	○	○

4 Your thoughts on medicine

How interested are you in medicine to help with your weight? *Choose one*

○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10

Not interested — Very interested

How confident are you that you can reach your goals? *Choose one*

○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10

Not confident — Very confident

5 Health history

This helps us choose medicines that are safe for you. Do you have, or have you had:

Health question	Yes	No
Heart disease?	○	○
Glaucoma?	○	○
Trouble with caffeine or other stimulants?	○	○
Anxiety?	○	○
Kidney stones?	○	○
Severe migraines?	○	○
Depression?	○	○
Seizures?	○	○
Any tobacco use?	○	○
High blood pressure that isn't controlled?	○	○
Any recreational drug use?	○	○
Opioid pain medicines now (for example, morphine, hydrocodone), or a procedure or surgery coming up?	○	○
Any alcohol? If yes, about how many drinks a week:	○	○
Diabetes, prediabetes or diabetes during pregnancy?	○	○
Pancreatitis or gallbladder disease?	○	○
You or a family member with medullary thyroid cancer or MEN 2 (multiple endocrine neoplasia type 2)?	○	○
A fear of needles or of giving yourself injections?	○	○
Pregnant now, or trying to become pregnant?	○	○
Breastfeeding?	○	○

Health question	Yes	No
If sexually active, are you using birth control?	○	○

6 Insurance coverage

Please ask your insurance plan whether it covers any of these weight medicines, and check the ones that are covered:

- ☐ Zepbound
- ☐ Wegovy (injection or pill)
- ☐ Foundayo
- ☐ Mounjaro
- ☐ Ozempic
- ☐ I'm not sure yet

Other

7 Anything else?

Is there anything else you'd like us to know before your visit?

Thank you!

Save this form when you finish, then bring it to your visit or send it through Patient Gateway. Questions? Call or text (508) 770-6701.