

Dear Health Care Provider:

To participate in the Inova Medical Weight Loss program, patients need to be medically cleared to use meal replacements and to participate in the exercise plan.

- The program details and considerations/contraindications are included in the next page for your review.
- Program participants are required to have labs and an EKG completed; they are listed on the attached sheet. Please fax the signed Physician Clearance form, History and Physical, lab results and a copy of the required EKG to 703-391-4217.
- Please indicate if you feel the patient should have a clearance by a specialist before participating in the program.

If you have any questions regarding the program or if you have questions regarding your patient's medical care during the program, please feel free to call us at 703-391-3781.

We look forward to working with you and your patient.

Thank you,

The Inova Medical Weight Loss Program Team

Program Details:

The program combines an aggressive dietary regimen with education and counseling in three areas: nutrition, behavior modification, and exercise. The goal is to help clients achieve weight management success through reinforcement of successful behavior changes.

- 12 or 6 Week Program
 - Patients in the 12 week program may be on 800, 1000, or 1200 calories using meal replacements – food meals incorporated at 1000 and 1200 calories
 - Patients who are on 800 or 1000 calories will have labs monitored every 4 weeks
 - Patients in the 6 week program will be on 1000 or 1200 calories per week, using a combination of food meals and meal replacements.

- Prior medical clearance required along with labs and EKG to be done at physician's office (billed to patient's insurance)

- BMI and Body Composition Analysis

- Weekly Classes (for 12 week program) presented by Multidisciplinary team that includes:
 - Masters prepared Registered Dietitians certified in Adult weight management
 - Exercise Specialists/Personal Trainers
 - Nurse Program Coordinator
 - Licensed Professional Counselor specializing in Obesity and eating disorders
 - Bariatrician

- Meal Replacements (per patient's goals)

- Weekly moderate to high intensity exercise group sessions

- Daily nutrition and physical activity goals

- Education Material and Behavioral Tools for long term success

- Maintenance options post program

Contraindications

- **BMI equal to or less than 29.9 (for 12 week program)**
- **Age less than 18 years**
- **Active cancer, cancer treatment, Metastasis**
- **Bone fractures**
- **Diabetes mellitus type 1 (Juvenile)**
- **Untreated endocrine cause of obesity**
- **Active peptic ulcer disease, active gastric or duodenal ulcers**
- **Active inflammatory bowel disease**
- **Liver disease requiring protein restriction**
- **Renal insufficiency (creatinine clearance 2 ml/min or greater)**
- **Mental disability**
- **Mental illness (evaluated on a case by case basis – clearance may be required)**
- **History of Heart Attack or Stroke within past 3 months**
- **Pregnancy**
- **Surgery or trauma requiring a length of time for healing**
- **Recent hospitalization (evaluated on a case by case basis)**
- **Allergy/ sensitivity to aspartame (Nutrasweet), milk protein, soy, nuts(peanuts, tree nuts), food dye (Yellow # 5, #6 and Red #40) Evaluated on a case by case basis**
- **Corticosteroid therapy**
- **Lithium treatment**
- **Treatment with phenothiazines tranquilizers, eg. Haldol or Thorazine**
- **Prolonged QT interval**
- **Gallstones – case by case**
- **History of substance abuse (evaluated on a case by case basis)**
- **Active eating disorder (history of would be reviewed by behavioral health expert)**
- **Coumadin therapy (evaluated on case by case basis)**

REQUIRED FOR INOVA MEDICAL WEIGHT LOSS PROGRAM

| <u>Code</u> | <u>Test</u> |
|-------------|---|
| TSH | Thyroid Stimulating Hormone |
| LIPID | Lipid Panel |
| CMP | Comprehensive Metabolic Panel |
| CBC | CBC w/o Differential |
| VTD25 | Vitamin D (Please check if not checked in last 3 months) |

Please include a HgA1c if the patient has prediabetes/insulin resistance or type 2 diabetes

EKG Electrocardiogram

***** Physical and EKG unless otherwise noted must have been completed within 12 months of program enrollment *****

***** Labs must be completed within past 3 months*****

Physician Clearance Form for Inova Medical Weight Loss Program

The New Direction products used in conjunction with the Inova Medical Weight loss program include daily requirements for vitamins, minerals and protein and are nutritionally complete if using 4 products per day. Product must be consumed as prescribed to meet basic body needs. Your patient is enrolling in either a 6 or 12 week program that includes moderate to high intensity exercise and full participation is required by participants.

**** My patient does not have any of the listed contraindications (list included in paperwork) ****
MD Initials _____

Prior to participation in this program, my patient must receive clearance from the following physicians who participate in their care (please indicate in comments what clearance is regarding)

- Endocrinologist
- Cardiologist
- Pulmonologist
- Psychologist
- Other _____

**** If clearance is requested from a specialist written documentation must be faxed to our office at the number below prior to patient enrolling in program ****

Patient Name _____ DOB _____ BMI _____

**** BMI must be greater than 30 for 12 week program**

MD Signature

Print Name

Date

Phone Number

Comments: _____
