OFFICE USE ONLY MRN: _____ Consult Date: _____

CentraCare Weight Management

Health History Questionnaire (HHQ)

Name (First-MI-Last)			Birth date (Month-Day-Year)
Street Address	City	State	Zip
Occupation	Name of Employer		
Preferred Phone	Email		

Preferred appointment location □ St. Cloud □ Paynesville □ Monticello □ Willmar

Insurance Information

Primary Insurance	Group Number	ID Number
Insurance Card Provider Phone Number		
Secondary Insurance	Group Number	ID Number
Insurance Card Provider Phone Number		

History

Current Weight (lbs.)	Height (feet, inches)

Do you currently have Diagnosed Sleep Apnea? □ Yes □ No **If NO, answer the next three questions:**

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
   □ Yes □ No
2. Do you often feel tired, fatigued, or sleepy during daytime?
   □ Yes □ No
3. Has anyone observed you stop breathing during your sleep?
   □ Yes □ No

Medical History

Diabetes Mellitus (Type II)	□ Yes	□ No	□ Unsure	GERD (heartburn or reflux)	□ Yes	□ No	□ Unsure
Obstructive Sleep Apnea	□ Yes	□ No	□ Unsure	Hypothyroidism	□ Yes	□ No	□ Unsure
High Blood Pressure	□ Yes	□ No	□ Unsure	Polycystic Ovarian Syndrome	□ Yes	□ No	□ Unsure
High Cholesterol	□ Yes	□ No	□ Unsure	Kidney Disease	□ Yes	□ No	□ Unsure
Have you previously had weight loss surgery?	□ Yes	□ No	□ Unsure	**Males**: "How many times in the past year have you had 5 or more drinks in a day?"			
If yes, please describe weight loss surgery:				**Females**: "How many times in the past year have you had 4 or more drinks in a day?"			
				Everyone: How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?			

Please select which pathway(s) you are interested in:

☐ **Medical**
Consult with Provider and Dietitian. Program options may include monthly provider visits, wellness coaching, weight loss medications and/or meal replacement products. Prices vary per tailored plan.

☐ **Surgery**
Consult with Provider and Dietitian. Surgery requirements specific to individual insurance plans must be met along with program requirements.

If Surgery:
Does your insurance cover weight loss surgery? ☐ Yes ☐ No ☐ Unsure

☐ **ORBERA™**
Consult with Provider and Dietitian billed to insurance. **$8500 CASH PROCEDURE.** After placement, 6 months of wellness coaching. After removal, unlimited monthly maintenance.

How did you hear about our program? Select all that apply:

☐ Post Card
☐ Email
☐ Website
☐ Social Media (Facebook/Instagram, etc.)
☐ Friend/Family Member
☐ Medical Provider
☐ Other _____

Mail
CentraCare Weight Management
Attn: Denell
1200 6th Ave. N
St. Cloud, MN 56303

Email
cchweightmanagement@centracare.com