PLEASE, COMPLETE FORM, PRINT, AND BRING TO YOUR FIRST APPOINTMENT

Dr. David P. Willett, MD PA ~ Dr. Carlin R. Willett, APRN DNP-C
5 B East Owens Lane, Mauldin, South Carolina 29662 Telephone (864) 288-4765

ANNUAL PATIENT INFORMATION SHEET
FULL LEGAL NAME: _____ Sex: M / F MARITAL STATUS: M S D W
ADDRESS: _____ CITY: _____
STATE _____ ZIP _____
DOB:___/____/_____ SSN: _____/_____/_____ Primary phone number: (¬__¬__) _____ - _____
EMAIL: _____ LIVING WILL: Y / N EMPLOYER: _____

HIPAA APPROVED EMERGENCY CONTACT'S NAME _____
CONTACT'S #_____ RELATIONSHIP _____

I understand that I have the right to revoke this authorization at any time. I must do so in writing and present the written revocation, in person. This authorization will remain in effect until a written revoke is on file. INITIAL _____

We are required by law to maintain your privacy and provide you with this notice of our legal duties and privacy practices with respect to protect health information. Medical records, must be requested by you in person, will be released to another physician's office when transferring medical or referral to a specialist. If you have any objections to this form, please ask to speak with our office staff regarding HIPAA compliance. I am aware the HIPAA Privacy Noticed is displayed in the office for my review and a copy can be provided to me, if requested. INITIAL _____

By law, Dr. Willett, MD PA must inform you that he IS NOT a Medicare / Medicaid provider. It is your responsibility to inform our office if you are covered by Medicare or Medicaid because they WILL NOT reimburse for any services rendered by David P. Willett, MD PA and Associates.
YOU CANNOT LEGALLY FILE YOUR OWN CLAIM TO MEDICARE / MEDICAID
Initial that you have READ the above, regardless of Medicare/Medicaid status.
_____

_____ Initial if covered by Medicare? _____ Initial if covered by Medicaid?

Due to contraindications between weight loss medications & Attention Deficit (ADD) medications/Stimulants, our providers WILL NOT prescribe weight loss medications if you are taking ADD / Other Stimulant medications.
A Lost, stolen, or unfilled (unused) Bariatric Medication Prescription cannot be written before 28-30 days from the original date of the prescription. No paid money for your office visit will be refunded.

● You must have a BMI of greater than 25. No Exceptions ● Appointments must be consistent. ● You must have a Valid South Carolina Driver's License (WE DO NOT ACCEPT ANY IDs. NO

EXCEPTIONS!) ● You must be compliant with our recommendations and consistently lose weight.
● Failure to disclose ALL medications prescribed by ANY provider. Taking multiple medications can increase risk of interactions and possible contraindications that can be dangerous to your health. It is illegal to see multiple doctors for ANY controlled medications within the same 30 day period of time
● Any drug related charges brought to our attention will lead to automatic termination. This would include examples such as selling, distributing, sharing, or abusing medications.
● If there is any suspected misuse of controlled substance medication outside of the intended purpose, you will be immediately terminated from the program.
● Consistently not showing up for scheduled appointment or calling within 3 hours of appt. to cancel.
Per SC regulations, We are required by law to notify Drug Enforcement Control of any possible illegal use of controlled substances.
I have read and understand all of the information and requirements stated above for the weight loss program. I authorize treatment for myself by David P. Willett, MD PA & Associates.

Signature of Patient _____ Date -_____

NEW PATIENT MEDICAL HISTORY FORM

Name: (First) _____ (Last) _____

Date of Birth: _____/_____/_____ Primary Care Doctor _____

Medical History

Current or Past Personal medical history (check all that apply):

Heart attack	Angina	Gall bladder stones		Sleep apnea
High blood pressure	Stroke	Indigestion/reflux	arthritis	Thyroid
High cholesterol	Diabetes	Celiac disease		Glaucoma or Eye Issues
Pancreatitis		Anxiety		
High triglycerides	Gout	Pancreatitis		Depression
ADD/ADHD/Narcolepsy	PCOS	Suboxone/Methadone Past or Present Use		

Other: _____

Cancer (type/s): _____

Have you ever be diagnosed with an eating disorder? Y / N If yes, which one? _____

Past surgical history (check all that apply):

Gastric bypass	Gastric banding	Gastric sleeve	Gall bladder	Heart bypass
Appendectomy	Hysterectomy	C-Section	Ortho. Surgery:	

_____

Other: _____
Medications (list ALL medications/supplements/birth control with dosages):

_____
_____
_____
_____¬_____
_____
_____
_____
_____
_____
_____

Allergies: _____
Reaction:
_¬¬_____

Social History
Smoking: Never Current smoker (_____ packs/day) Past smoker (quit _____ years ago)
Alcohol: Never Occasional/Weekly Daily (_____ drinks per day)
Any treatment for alcoholism? Y / N Any treatment for Opiate Use? Y / N
Drug Use: Never Current Past Type of drugs:
_____

Family History
Obesity (check all that apply): Mother Father Sister Brother
Diabetes (check all that apply): Mother Father Sister Brother
Other (check all that apply): High blood pressure Heart disease
High cholesterol High triglycerides Stroke Thyroid problems
Anxiety Depression Alcoholism
Other:
_____
_____

Women's History Only
Are you pregnant currently? Y / N If no, have you had a child in the last 12 weeks? Y / N
Are you currently breastfeeding? Y / N History of Infertility? Y / N
Absence of period Abnormal/excessive menstruation Facial hair

LAST NAME:_____
DATE: _____
Weight History
When did you become overweight?
Childhood Teens Adulthood Pregnancy Menopause
Did you ever gain more than 20 pounds in less than 3 months? Y / N If so, how long ago?
_____
As best you can remember, how much did you weigh one year ago? _____

Triggers for your weight gain/overeating (check all that apply):
Stress Marriage Divorce Illness Medication abuse Travel Injury Parties
Nightshift work Insomnia Boredom Anger Seeking Reward Eating Out
Quitting (circle all that apply): Smoking / Alcohol / Illicit Drugs

Previous weight-loss programs (check all that apply):
Weight Watchers Nutrisystem Jenny Craig LA Weight Loss
Atkins/Keto
South Beach Zone diet Medifast Dash diet Paleo diet
HCG diet Mediterranean diet Ornish diet Other: _____

What are your greatest challenges with dieting?
_____
_____

Have you ever taken Prescription Medication to lose weight (Not all meds listed are only used for weight loss)? Check all that apply:
Phentermine (Adipex) Compounded GLP-1 Xenecal/Alli Phen/Fen
Phendimetrazine (Bontril) Topamax Zepbound/Wegovy/Saxenda Diethylpropion
Bupropion (Wellbutrin) Qsymia Contrave
HCG Metformin Fastin/Suprenza
Other:
_____
__
What worked?
_____
What didn't work?
_____

Nutritional/Exercise History
How often do you eat breakfast? _____ days per week
Number of times you eat per day: _____
Do you get up at night to eat? Y / N If so, how often? _____ times per week
Daily servings of: Vegetables _____ Fruits _____ Meat _____ Dairy _____
Sweet beverages (check all that apply):

Soda Juice Sweet tea Coffee/tea If so, how many times per day? _____
Number of times per week you eat fast food: Breakfast _____ Lunch _____ Dinner _____
Favorite foods:
_____
_____
_____
Food cravings:
Sugar Chocolate Starches Salty High Fat Large Portions

Exercise type:
_____
Duration: _____ hours _____ minutes Number of times per week: _____
What prevents you from exercising?
_____
How many hours do you sleep per night? _____ How many times do you get up during the night? _____