



About the AGH New Direction Medical Weight Loss Program

a service provided by the Atlantic Bariatric Center

Obesity is a major health risk that is serious and costly. According to the CDC, more than three in five American are overweight. One-third is obese. Obesity related conditions include heart disease, high blood pressure, high cholesterol, stroke, type 2 diabetes, and certain types of cancer. Like other chronic diseases, obesity requires responsible, comprehensive treatment, including ongoing care.

An Alternative Option for Weight Loss

The AGH New Direction Medical Weight Loss Program provides the treatment needed to achieve long-term success. Our bariatric team includes the medical director, Dr. Zarif, our nurse practitioner, Angela Simmons, CRNP, CBN, Bariatric Coordinator & nurse practitioner, & our registered dietitians, Amy Gehrig, RD, & Amanda Buckley, RD.

Together with our patients, our providers create individualized plans for improvement in nutrition, activity, & emotional well-being. Goals focus on helping our patients achieve permanent weight loss through life long changes in dietary, exercise, & behavioral patterns. Personalized plans incorporate each patient's individual challenges & life goals. Our staff communicates with our patients' primary care providers & reports to them periodically as needed in order to facilitate practical & safe management of each patient. Periodic lab tests, EKGs, & other types of testing are ordered as needed based on individual patient needs & monitoring protocols.

Support groups augment education provided during office visits & provide additional opportunities for accountability through weight monitoring & open discussions. These groups are casual & intimate, & are run by our Nurse Practitioner & Registered Dietitian. Research shows that support groups & peer support helps patients form new eating, exercise, & coping habits thus promoting better weight management skills.

Atlantic General Hospital and Health System associates have the opportunity to take advantage of the service, supported by the Associates Getting Healthy Wellness Program & covered by Atlantic General's Insurance Plans.

*The program approaches individual weight loss goals in stages.

- Stage 1: Screening. Patients are medically screened during this phase to see if it is safe for them to participate in the New Direction program. The screening process occurs during the initial appointment & includes a physical examination, review of medical history & laboratory testing.
- Stage 2: Reducing/Active Weight Loss. During this phase, patients will aim to lose 85-90% of their excess weight _____. Using the system's nutritional products, participants begin to learn & practice weight management skills without the influence of much grocery food. This may take several months. Patients should expect to lose 1-3-5 lbs a week, on average.
- Stage 3: Adapting/Transitioning to primarily grocery food. In this phase, patients will aim to lose the last 10-15% of their excess weight _____. Practicing newly acquired eating & exercise habits, participants gradually return to grocery meals while still allowing them to stay in control of their eating.
- Stage 4: Sustaining/Maintenance-This stage aims to keep you within 5 lbs of your goal weight by continuing to give support using relapse prevention & individualized meal plans to help patients live a healthier lifestyle.

Frequently Asked Questions

Q. What kind of diet will I follow?

A. During the weight loss phase you will follow a low calorie diet consisting of delicious drinks and bars specially formulated to provide the necessary proteins, carbohydrates, vitamins and minerals that you need, in addition to healthy grocery food. The meal replacement products can be used to supplement lean/green meals.

Q. What are the health benefits of the program?

Name: _____ DOB _____ Phone # _____

A. Weight loss can improve, reverse or even prevent serious medical conditions, including type 2 diabetes, high blood pressure, cardiovascular disease and high cholesterol. It can also reduce joint and back pain, and dramatically improve your energy and mood.

Q. How do I know which diet plan is best for me?

A. AGH New Direction staff will take into account your BMI, weight loss goals and health status to determine the appropriate diet plan for you.

Q. How much weight can I expect to lose?

A. This may be everyone's top question! It depends on several factors including your weight, age, gender, and activity level. A loss of one to three pounds a week is considered a healthy rate of weight loss & typically predicts a sustainable loss for the future.

Q. How much does the program cost?

A. There are several price components of the program.

- Depending upon your needs, the program drinks and bars should be approximately \$40-50 a week for breakfast, lunch and snacks. That's less than \$3 a meal.
- Patients will need to provide co-payments and/or co-insurance fees for any necessary physician checkups, nutrition consultations, blood work, and EKGs as determined by the program administrators.

Q. Is the expenses of the products & the co-pays worth the cost in the long run?

A. Motivated individuals who stick with the program find it to be well worth the investment. The cost, both financially and physically, of the complications and disease risks tied to being overweight, are much greater than the cost of the medical weight loss care provided through AGH New Direction.

Q. When does the program start?

A. Each individual person decides when it is best for him or her to start.

Q. How do I enroll?

A. Call or e-mail Angela Simmons, CRNP, CBN, Bariatric Coordinator, at 410-641-9568 or asimmons@atlanticgeneral.org to begin the enrollment process.

Name: _____ DOB _____ Phone # _____



Insurance Guidelines

Coverage for weight loss surgery and preparation for surgery vary greatly from policy to policy. This document is designed to help you determine your level of coverage and the requirements of your individual plan. Start by calling the number on the back of your insurance card. Ask to speak with a “benefits” representative or someone about “pre-authorization” for bariatric services.

Insurance Company/Representative’s Name: _____ Policy Number: _____

- Ask the representative to look up your particular policy by your policy number.

Does my policy cover Non-surgical Bariatric services (Provider visits & labs) Yes / No

- If the answer is No, ask if there are any exemptions for medical reasons such as Diabetes, High Blood Pressure, High Cholesterol, or other medical issues.

- What are the requirements for coverage?

- Do I need supervised weight loss attempts with a Dietician? Yes / No
 - If Yes, for how long? _____ Do they need to be consecutive? Yes / No

- Do I need any specific studies? (i.e. UGI) Yes / No

- Do I need to journal food/exercise? Yes / No

- Do they cover Nutritionists/Dietitian visits? Yes / No
 - If the answer is yes, do they cover services provided by Atlantic General Hospital? Yes / No

- Does insurance cover medical supervision of treatment programs? Yes / No

- Do I need referrals for initial consultation with the nutritionist, or other providers? Yes / No

Name: _____ DOB _____ Phone # _____

New Direction Patient Contract/Agreement

I, _____ wish to enroll in the New Direction medical weight loss program through Atlantic General Hospital.

I, the patient understand & agree to the following:

1. I am committing to making necessary lifestyle changes required to lose weight. This will likely be difficult, but I know it is worth my effort, time, & money.
2. It may take a long time to reach my goal. I did not become overweight in a week or month, & cannot expect to lose my excess weight in that amount of time. I must be patient with myself & my providers along this journey.
3. My health care team will not judge me. They are here to provide me with the resources & guidance I will need to be successful, to give me encouragement & reassurance when I need it.
4. I will try to focus on the positive. Always. When I am struggling, I will reach out to my team.
5. This is a life-long commitment I am making to myself.
6. In order to succeed I will need to attend regular visits with the Registered Dietician, & Nurse Practitioner. I will also be required to undergo initial lab & EKG testing, then routine lab monitoring every 4 weeks at the discretion of the Nurse Practitioner in order to ensure my safety & health throughout my program.
7. I also understand that I must attend weekly support groups which focus on nutrition or behavioral modification or exercise. I must commit to attending at least 2 out of 4 meetings per month to be able to learn new information & how to implement changes.
8. I will purchase the ND products for my own use, & understand that these are not returnable.

Our Commitment to you: The Bariatric Team at AGH pledges to empower you with knowledge & skills necessary to take control of & responsibility for your own weight management in a safe, effective, & dignified manner. We will do our best to support all of your efforts to lose weight in a way that is fashioned & tailored to your individual needs & desires.

Patient Signature: _____

Bariatric Coordinator Signature: _____

Name: _____ DOB _____ Phone # _____

Nutrition Assessment Form (Fill out & bring in for initial Dietitian visit.)

Current Height: _____ Present Weight: _____ What is your preferred weight? _____

What is your motivation to lose weight (health related, mobility related, task related, etc)? _____

What was your highest adult weight & how old were you at that age? _____

What was your lowest adult weight & how old were you at that age? _____

With whom do you live? Spouse Family Friend Alone

What is your employment status? Full-Time Part-Time Retired Student Other _____

If you work, what is your occupation? _____ How many hours do you work? _____

Have you had previous weight loss surgery? Yes/No If yes, what surgery & when? _____

List any past diets/weight loss plans: _____

What age do you feel weight became a concern for you & why? _____

Briefly describe your past struggles with weight & what you believe has contributed to weight gain or inability to lose weight: _____

Have you seen a dietitian before? Yes/No If yes: When? _____ Where? _____ Why? _____

Do you take any supplements or vitamins? If so, please list them. _____

Food Allergies/ Intolerances/ Preferences (i.e. Peanut allergy, Vegan, Vegetarian, etc) _____

Do you have a history of an eating disorder? Yes/No Explain _____

Readiness Assessment

I want to lose weight because: _____

If I could change 3 things about my health & nutritional habits, they would be: _____

The biggest challenge(s) to reaching my nutrition/weight loss goals are: _____

Name: _____ DOB _____ Phone # _____

Please check (✓) everything below that describes your personal eating pattern and/or lifestyle behaviors:

I eat large portions, get seconds or overfill my plate	I don't take time to plan healthy meals ahead
I skip meals or go for longer than 5 hours between meals	I am tempted by family/friends to eat unhealthy foods
I dine out (includes carry-out) more than 3 times a week	I lack the knowledge to cook healthy
I frequently eat fried foods, fast foods and high fat foods	I never feel "full" or satisfied after eating
I frequently eat sweets and desserts (candy, cakes, cookies)	When dieting, I go to extremes
I graze (snack on food all day long while doing other things (reading, watching TV, computer work))	I drink less than 64 ounces (8 cups) daily (all fluids count)
I eat too quickly	I usually drink two or more alcoholic beverages daily
I am an emotional eater (I eat when I am stressed, bored, anxious...)	My work schedule hinders my weight loss efforts
I am so busy, I forget to stop and eat	I would have a difficult time reducing or giving up: _____
I am a "picky" eater	Other: _____

Who buys groceries in your home? _____

Who prepares meals in your home? _____

How many times per day do you eat Fruit? _____ Vegetables? _____ Grains? _____ Protein? _____

How much water or non-caffeinated beverages do you drink per day in oz? _____

How many times per day do you eat on average? _____ Do you snack in between meals? _____

Do you engage in physical activity? Yes/No If so, what do you do? _____

How often do you exercise? _____ How long do you exercise? _____

Diet Recall for a "typical day":

Breakfast- _____

Lunch- _____

Dinner- _____

Snacks- _____

Motivation level to make changes: (1= not motivated at all & 10= very motivated)

Goals:

Increase water intake	Increase fruit & vegetable intake	Stop smoking
Increase overall fluid intake	Increase protein intake & eat protein with each meal	Start exercising
Decrease sugary beverage intake	Choose more whole grains & whole foods	Attend support group meetings
Decrease or stop alcohol intake	Measure portions	Gather information about surgery
Stop soda intake	Plan meals & prepare more meals at home	Engage support system in lifestyle changes

Name: _____ DOB _____ Phone # _____



ATLANTIC GENERAL BARIATRICS: NEW DIRECTION PRODUCT ORDERING FORM

PATIENT NAME: _____ TODAYS DATE: ____/____/____

PATIENT #: _____ TOTAL: \$ _____

D.O.B: ____/____/____ PAYMENT METHOD: C.C / CASH / CHECK / AGH INS.

BARS \$10	QTY	BEVERAGES \$18	QTY	PUDDINGS \$16	QTY
15 Gram		Apple Pie Pudding Shake 27 G		Chocolate 27 G/ 480 mg Na	
10 Gram		Caramel Frappe 27G/ 540 mg Na		Lemon w/Fiber 15 G/ 460 mg Na	
Brownie with Caramel 10G		Chocolate 27 G/ 580 mg Na		Natural Vanilla 27 G/ 430 mg Na	
Butter Pecan 10G		Chocolate w/Fiber 27 G/ 580 mg Na		Vanilla 27 G/ 460 mg Na	
Butter Pecan w/ Caramel 10G		Chocolate Pea Protein 15 G/ 330 mg Na		TOTAL: \$	
Caramel Cocoa 15G		Cookies & Cream Pudding/Shake 27G/540 mg Na		SNACKS	QTY
Chocolate Almond 15G		Fruity Cran- Grape w/ Fiber 15 G/ 65 mg Na		Fava Chips Cheddar (\$1) 10 G/ 420 mg Na	
Cinnamon 15G		Hot Cocoa 12 G/ 230 mg Na		Fava Chips Garlic (\$1) 10 G / 360 mg Na	
Dark Chocolate S'mores 15G		Mixed Berry Drink 15 G/ 70 mg Na		Honey Mustard Chips (\$1) 10G / 350mg Na	
Double Berry 15G		Mixed Berry Drink w/ Fiber 15 G/ 70 mg Na		Pretzel Twists (\$1) 10 G	
Fudge Graham 15G		Nat Mixed Berry Smoothie 27 G/ 460 mg Na		Tasty Bites Party Mix (\$1) 10 G/ 390 mg Na	
Lemon Meringue 10G		Orange Mango Fruit Drink 27 G/ 540 mg Na		TOTAL: \$	
Marshmallow Brownie Crisp 10G		Vanilla 27 G/ 580 mg Na		DESSERTS \$16	QTY
Oatmeal Cinnamon Raisin 10G		Vanilla w/Fiber 27 G/ 580 mg Na		Cheesecake 12 G/ 170 mg Na	
Peanut Butter Mousse 10G		Vanilla Pea Protein		Chocolate Fudge Cake 12 G/ 75 mg Na	
Peanut Butter Crunch 10G		Variety Pack 27 G		TOTAL: \$	
Peppermint Cocoa Crunch 15G		TOTAL: \$		SOUPS \$16	QTY
Salted Caramel 14G		ENTREES	QTY	Cheddar Broccoli 27 G	
Shortbread Cookie 15G		Cheese Steak Pasta (\$8) 12G/ 480 mg Na		Cream of Chicken 15 G	
Sweet & Salty Peanut 10G		Cheesy Nacho Pasta (\$8) 15 G/ 590 mg Na		Chicken Noodle 15 G	
Vanilla Caramel Crunch 15G		Fettucine Alfredo (\$8) 12 G/ 870 mg Na		TOTAL: \$	
TOTAL: \$		Macaroni & Cheese (\$5) 12 G/ 880 mg Na		ACCESSORIES	QTY
BREAKFAST \$8		Vegetarian Chili w/Beans (\$8) 12 G/ 540 mg Na		Shaker Bottle (\$8)	
Apple Cinnamon Oatmeal 10G/120 mg Na		Vegetarian Sloppy Joe (\$8) 12 G/ 570 mg Na		Shaker Cup (\$2)	
Cinnamon O's Cereal 15G w/ Fiber		Zesty taco plant based rice (\$8) 15g w/ fiber		TOTAL: \$	
Maple Oatmeal 15 G/ 200 mg Na		TOTAL: \$			
Mini Crisps Chocolate (\$5) 12 G/ 170 mg Na					
Pancakes 15 G/ 270 mg Na					
TOTAL: \$					

_____ was sold for 50% or free due to expiration date.