



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Welcome to the Ohio State Exercise Enhanced Weight Loss Program

Exercise is Medicine and Real Solutions

Thank you for your interest in our programs.
We are pleased that you are ready to make this a healthy year!

Please complete this paperwork and return:

By mail to:

Allan Sommer
OSU Health and Fitness Center
New Albany OH 43054

OR fax to: 614-366-8922

OR email to: exerciseismedicine@osumc.edu

If your physician is in the Ohio State Health System, please ask them to place a referral to Exercise Is Medicine. If your provider is outside of the Ohio State Health System, please have them fill out this [referral form](#).

Name: _____

Home address: _____

Phone: (work) _____ (home) _____ (cell) _____

Email: _____

Date of birth: ____ / ____ / ____ Age: ____

Learning Styles

1. Are there any traditions, beliefs and/or cultural practices that we need to know to assist us in your care?

☐ Yes ☐ No

If yes, please describe: _____

2. How often do you need to have someone help you when you read instructions, pamphlets or written materials from your doctor or pharmacy?

☐ Always ☐ Sometimes ☐ Never

3. How confident are you in your ability to follow the label on a medicine bottle?

☐ Very confident ☐ Somewhat confident ☐ Not at all confident

4. Have you ever had trouble hearing someone speak or had ringing in your ears?

☐ Yes ☐ No

If yes, how long have you had this problem?

☐ Last six months ☐ Past year ☐ More than a year _____

5. Circle which font size is the **smallest** that you can read easily.

Big

Bigger

Biggest

In the table below are major reasons that some patients use to seek weight loss.
Number each sentence using this scale:

1	2	3	4	5	6	7
Most important reason						Least important reason

Reason	Statement	My Score
Appearance	I am distressed or embarrassed by my physical appearance and need to improve it.	
Medical Condition	I want to improve my medical conditions associated with obesity.	
Physical Fitness	I lack physical fitness and want to be more active to enjoy life more.	
Health Concerns	I am concerned that my health will deteriorate (get worse) and my life may be shortened.	
Physical Limitation	I feel that my physical limitation of obesity makes day to day living very difficult.	
Employment	I want to enhance my employment prospects.	
Advice of others	I have been advised by others to have surgery for my weight problem.	

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Dixon, JB., Laurie, CP, Anderson, ML, Hayden, MJ, Dixon, ME., & PE O'Brian. (2009) Motivation, readiness to change and weight loss following adjustable gastric band surgery. *Obesity*, 17 (4), 698-705.

Patients are asked to number these statements from the most important or appropriate (1) to the least important or appropriate (7) in regard to their reasons for seeking a surgical solution to their weight problem. This method is very familiar to Australians as this is the method used for electing politicians.

On a scale of 1 (not confident) to 10 (highly confident), how confident are you that you can meet your weight goal?

On a scale of 1 (not motivated) to 10 (highly motivated), how motivated are you to meet your weight goal?
