



Welcome to our program!
We are here to support you to reach your health goals!

Name: _____ Date _____

Date of Birth: _____ Age _____ Gender: M F Married / Single / Divorced / Widowed

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Best number to leave a message (circle any): *home cell work*

Email _____ Occupation: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact's Phone Number: _____

List your Primary insurance carrier: _____

List any Secondary insurance carrier: _____

Primary Care Physician: _____ City: _____

Who may we thank for referring you? _____

Is there anyone else in your family that would like to have a consultation? _____

How did you learn of Healthy Steps?

Physician _____ Friend Newspaper My own research Other

Also.....

Our staff strives to give all patient the very best service. Same day cancellations and no-shows affect our work-flow. We ask that should you need to change an appointment, to kindly do so with at least 24 hours notice to avoid having a \$25.00 same-day cancellation/no-show assessment added to your program fee. For psychology appointments, we require a 48-hour notice to avoid the \$25.00 fee.

___ I understand and agree to the above policy.

Thank you for your consideration!

Name: _____ Date _____

Height: _____ Weight: _____ Birthdate: _____ Age: _____ Married / Single / Divorced / Widowed

Age(s) of children living with you _____ Who provides your childcare _____

Who will provide childcare during psychology appt _____ during your time in the hospital _____

History of disease of: heart _____ lung _____ kidney _____ Liver _____ Cancer _____ Depression _____

History of: high cholesterol? Y N diabetes? Y N high blood pressure? Y N

Do you wear a pacemaker? Y N Insulin Pump? Y N Female: Pregnant: Y N Breastfeeding: Y N

Are you currently on blood thinners? Y N If, yes please list: _____

List any medications, and supplements that you take:

How many 8oz glasses of water do you drink per day? _____/day Sodas: _____/day Caffeine: _____/day

Do you currently use: Alcohol: Y N Tobacco: Y N Marijuana: Y N Other recreational drugs: Y N

List any food allergies or limitations: _____

What is your goal weight? _____ What was your lifetime maximum weight and age? _____ @age _____

Were you overweight as a child? _____

How has your weight changed in the past two years? _____

Who does the cooking in your home? _____ Who does the grocery shopping? _____

How many meals a day do you eat? _____ Snacks: _____ How many are prepared at home? _____

Do you eat breakfast? Y N

How many times per week do you eat in restaurants? _____ Fast food _____ Take out _____

Why do you want to lose weight? _____

Do you know what causes you to gain weight? _____

Do you know what helps you lose weight? _____

Diet History: Please check all that apply:

- Weight Watchers
- NutriSystem
- Jenny Craig
- Atkins
- Paleo Diet
- South Beach
- Mediterranean Diet
- Center for Wellbeing
- Dr. McDougall
- MediLite
- Dr. Parks
- Other _____

Which worked best and why? _____

Have you ever used diet pills? Y N

| Activity / Exercise | Times /Week | Minute /Activity |
|---------------------|-------------|------------------|
| | | |
| | | |
| | | |

Do you currently use a pedometer or use a fitness App? Y N List: _____

Stress:

Are you under chronic stress? Y N Do you sleep well at night? Y N Hours of sleep per night _____

Do you have family or social support for your health? Y N



Healthy Steps Lifestyle Center

California Health and Freedom Act, Disclosure Regarding California Senate Bill SB 577

Nutrition and Lifestyle educators and personal trainers are part of complementary healing arts practitioners that are subject to regulation by the State of California, under Sections 2053.5 and 2053.6 of the California Business and Professions Code, relating to health. Healthy Steps Lifestyle center and its employees can offer you services subject to the requirements and restrictions of the law (attachment A). If you have any concerns about the nature of your treatment, please feel free to discuss them with any of the staff. We recommend that you inform your medical doctor that you are under alternative care.

The Healthy Steps program is designed to help the patient lose weight and achieve better health and wellness through the use of nutrition, exercise, stress reduction, and a healing atmosphere. Our providers are listed below.

Ashley Schroth-Cary, N.E.
Certified Lifestyle Educator
Certified Personal Trainer
Emergency Medical Technician

Lindsay Mazur, M.S. R.D.
Registered Dietitian
Certified Adult Weight Management Specialist

Larissa Saschin, R.D.
Registered Dietitian
Personal Chef

Brenna Masi, B.A.
B.A. in Nutrition
Certified Lifestyle Educator
Personal Chef

Acknowledgement and Consent to Receive Services

In order to use our services, California state law requires that you acknowledge receipt of the information provided in this form. We will provide you a copy, and keep the original in our records for at least three (3) years.

I have read and understand the above guidelines and disclosure about the treatments and techniques offered at Healthy Steps Therapeutic Lifestyle Center. I understand the nature of the services to be provided. I understand the providers at the Lifestyle Center are not physicians, and that alternative services are not licensed by the state of California. I understand it is my responsibility to maintain a relationship for myself with a medical doctor.

I have consented to use the services offered by the Lifestyle Center, and agree to be personally responsible for fees in connection with the services provided.

Patient Name: _____

Patient Signature: _____

Date: _____

Authorization For Release Of Protected Health Information

| | | | |
|-------------------|---------------|-------|-------|
| _____ | | | |
| Patient Name | | | |
| _____ | | | |
| Address | City | State | Zip |
| _____/_____/_____ | (____)_____ | | _____ |
| Date of Birth | Daytime Phone | | |

I authorize Healthy Steps Weight Loss Center to send copies of my progress reports and share my information to the following physician(s):

All patients:

- Robert Woodbury, MD (our Medical Director) / 34 Mark West Springs Road, Santa Rosa, CA 95403
- You may list your primary care physician or other physician here if you would like us to send periodic progress updates. Please include address or phone:

Surgery patients only:

- Robert Woodbury, MD (our Medical Director) / 34 Mark West Springs Road, Santa Rosa, CA 95403
- Dr. Allen Cortez / 34 Mark West Springs Road, Santa Rosa, CA 95403 **(surgery patients only)**
- Sutter Bariatric Clinic / 4729A Hoen Ave., Santa Rosa, CA 95405 **(surgery patients only)**
- Sutter Medical Group / 34 Mark West Springs Rd, Santa Rosa, CA 95403 **(surgery patients only)**

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment will not be affected if I do not sign this authorization.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Signature: _____ Date: _____

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History of the Healthy Steps Lifestyle Center and Financial Disclosure

Dear Prospective Patient,

Obesity is a disease of energy imbalance that has multiple contributing factors. These factors include metabolic derangements, inappropriate food and environmental signaling, deficiencies in exercise and activity, and psychosocial stresses and dysfunction. The successful long-term outcome of any treatment plan must address all these factors. Medicine and surgery alone are insufficient.

Some bariatric practices provide good quality medical and surgical treatment, but leave the patients and their primary physicians to fend for themselves to find providers in nutrition, exercise and psychology. In this situation the expertise of the providers and dedication to the treatment of the disease of obesity is unknown, and patients have to work through multiple offices, each with its own paperwork and schedules that are completely uncoordinated with the others. Many patients simply cannot navigate a system like this, and drop out of treatment altogether. In my early days in practice I was in just such a situation and the result was uniformly sub-optimal, and not the type of treatment I would want for any of my own family and friends. I set out to change that.

Since 2005 I have been carefully assembling a dedicated team of clinical providers in psychology, family therapy, exercise, and nutrition. They are now seeing patients all under one roof at the Healthy Steps Therapeutic Lifestyle Center. I have also ensured that the fees of the team members represent true and fair value for a patient, just like I would want for my own family. Since my wife and I have a financial interest in the lifestyle center, my patients have a legal right to understand this interest and choose to go elsewhere for any or all of these services.

I have always believed that the best outcome for the treatment of obesity can only be achieved by having every member of the treatment team working together from the same treatment plan. I look forward to being part of your own progress on the path to a healthier life.

Robert Woodbury, MD, FACS

Patient name: _____ Date of Birth _____

Patient signature: _____ Date: _____