

# Obesity-Focused Review of Systems

Date \_\_\_\_\_

## Patient Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Age \_\_\_\_\_ Sex Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

| Endocrine   | Yes | No | Clinician Notes<br>(for office use only)        |
|---|-----|----|---|
| Do you have type 1 diabetes?  |     |    |   |
| Do you have type 2 diabetes?  |     |    |   |
| Have you been told that you have prediabetes?                           |     |    |   |
| Do you have a history of hyperthyroidism (overactive thyroid)?          |     |    | Qsymia (phentermine/topiramate) contraindicated |
| Do you have history of hypothyroidism (underactive thyroid)?            |     |    | Use Xenical (orlistat) with caution             |
| Have you or anyone in your family had medullary thyroid cancer?         |     |    | Saxenda (liraglutide) contraindicated           |
| Do you have dry mouth?  |     |    |   |
| Do you have excessive urination?  |     |    |   |
| Do you have excessive thirst?   |     |    |   |
| <b>Women</b>  |     |    |   |
| Do you have increased facial hair?                                      |     |    |   |
| Do you have acne?   |     |    |   |
| Do you have irregular periods?  |     |    |   |
| Have you been diagnosed with infertility or been told you're infertile? |     |    |   |
| <b>Men</b>  |     |    |   |
| Have you been diagnosed with low testosterone (low-T)?                  |     |    |   |



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| <b>Endocrine</b>                                   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only) |
|--|------------|-----------|---|
| Do you have low sex drive?                         |            |           |   |
| Have you been diagnosed with erectile dysfunction? |            |           |   |

| <b>Lung and Breathing Disorders</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only) |
|--|------------|-----------|---|
| Do you have a history of asthma?   |            |           |   |
| Do you have a history of COPD (chronic obstructive pulmonary disease)?                     |            |           |   |
| Do you snore?  |            |           |   |
| Have you been diagnosed with sleep apnea (severe snoring that interferes with your sleep)? |            |           |   |
| Do you wheeze?   |            |           |   |
| Do you get short of breath when walking?   |            |           |   |

| <b>Cardiac</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only)  |
|---|------------|-----------|--|
| Have you ever been diagnosed with angina?                               |            |           |  |
| Have you ever had a heart attack?                                       |            |           |  |
| Have you ever been diagnosed with congestive heart failure (CHF)?       |            |           |  |
| Have you been diagnosed with heart valve disease?                       |            |           |  |
| Do you get short of breath when laying down?                            |            |           |  |
| Do your feet swell?   |            |           |  |
| Have you ever been diagnosed with an arrhythmia (irregular heart beat)? |            |           | Use Qysmia (phentermine/topiramate) with caution |



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| <b>Cardiac</b>                                   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i> |
|--|------------|-----------|--|
| Have you ever been told you have a heart murmur? |            |           |  |
| Do you take medication for high cholesterol?     |            |           |  |
| Do you take medication for high blood pressure?  |            |           | Use Contrave (naltrexone/ bupropion) with caution      |
| Do you ever have chest pain?                     |            |           |  |
| Do you ever have palpitations (racing heart)?    |            |           |  |

| <b>Urinary</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i> |
|---|------------|-----------|--|
| Do you have a history of kidney stones?                           |            |           |  |
| Do you have trouble holding your urine?                           |            |           |  |
| Do you experience excessive urination (urinate more than normal)? |            |           |  |
| At night, do you wake up to urinate?                              |            |           |  |
| Do you ever have blood in your urine?                             |            |           |  |

| <b>Eye</b>   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i> |
|--|------------|-----------|--|
| Do you have a history of glaucoma?                               |            |           |  |
| Do you have diabetic retinopathy (diabetes-related eye disease)? |            |           |  |
| Do you have blurry vision?                                       |            |           |  |



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| Gastrointestinal   | Yes | No | Clinician Notes<br>(for office use only)   |
|--|-----|----|--|
| Have you ever been diagnosed with GERD (gastroesophageal reflux disease)?        |     |    |  |
| Do you ever have heartburn?  |     |    |  |
| Have you ever been diagnosed with liver disease?<br>What type(s): _____<br>_____ |     |    | Adjust dose or avoid Qsymia (phentermine/topiramate), Belviq (lorcaserin), and Contrave (naltrexone/bupropion); see prescribing information for specific cautions and warnings |
| Have you had gallstones?   |     |    |  |
| Have you had your gallbladder removed?   |     |    |  |
| Have you ever been diagnosed with pancreatitis?                                  |     |    | Use Saxenda (liraglutide) with caution.  |
| Do you have abdominal pain?  |     |    |  |
| Have you had part of your intestine removed?                                     |     |    | Use Xenical (orlistat) with caution.   |
| Have you been diagnosed with gastroparesis?                                      |     |    | Use Saxenda (liraglutide) with caution.  |
| Do you frequently have diarrhea?   |     |    | Use Xenical (orlistat) with caution.   |
| Do you frequently have nausea?   |     |    | Use Saxenda (liraglutide) with caution.  |
| Do you vomit frequently?   |     |    | Use Saxenda (liraglutide) with caution.  |



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| <b>Psychiatric</b>   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i>                  |
|--|------------|-----------|---|
| Have you ever been diagnosed with depression?                                      |            |           | Use Belviq (lorcaserin) or Contrave (naltrexone/bupropion) with caution |
| Have you ever been diagnosed with anxiety?   |            |           | Use Qsymia (phentermine/topiramate with caution)                        |
| Have you ever taken medication for depression or anxiety?                          |            |           |   |
| Have you ever been diagnosed with ADHD (attention deficit hyperactivity disorder)? |            |           |   |
| Have you ever been diagnosed with bipolar disorder?                                |            |           |   |
| Do you have trouble sleeping?  |            |           |   |
| Do you have memory loss?   |            |           |   |
| Do you avoid social interaction because of your weight?                            |            |           |   |
| Have you ever felt discriminated against because of your weight?                   |            |           |   |
| Does being overweight cause you to feel depressed?                                 |            |           |   |
| Do you drink more than 2 alcoholic beverages per day?                              |            |           | Use Qsymia (phentermine/topiramate with caution)                        |
| Do you take pain medication or opiates on a regular basis?                         |            |           | Contrave (naltrexone/bupropion) contraindicated                         |

| <b>Oncology</b>   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i> |
|---|------------|-----------|--|
| Have you ever been diagnosed with cancer?<br>What type(s): _____<br>_____ |            |           |  |
| Have you ever had a colonoscopy?<br>When was the last time: _____         |            |           |  |



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| <b>Oncology</b>   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only) |
|---|------------|-----------|---|
| <b>Women</b><br>Have you ever had a mammogram?<br>When was the last time: _____ |            |           |   |

| <b>Obstetrics</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only) |
|--|------------|-----------|---|
| Are you pregnant?  |            |           | Avoid pharmacotherapy                           |
| Are you nursing?   |            |           | Avoid pharmacotherapy                           |
| Are you planning to become pregnant within the next year?                |            |           |   |
| Have you ever had trouble getting pregnant or used fertility treatments? |            |           |   |

| <b>Neurologic</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br>(for office use only)   |
|--|------------|-----------|---|
| Have you ever had a seizure  |            |           | Use Qsymia (phentermine/ topiramate) or Contrave (naltrexone/bupropion) with caution  |
| Have you ever had a stroke?  |            |           |   |
| Do you have tingling in your fingers or feet?                            |            |           |   |
| Do you have a hand tremor, or does your hand shake when you hold it out? |            |           |   |
| Have you ever had migraine headaches?                                    |            |           | Use Contrave (naltrexone/ bupropion) with caution   |
| Do you take medication to prevent migraines?                             |            |           | If topiramate, consider adjusting dosing for use with Qsymia (phentermine/ topiramate); use Contrave (naltrexone/ bupropion) with caution |



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| <b>Nephrology</b>  | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i>  |
|--|------------|-----------|---|
| Have you been diagnosed with chronic kidney disease (CKD) or diabetic nephropathy? |            |           | Adjust dose or avoid Qsymia (phentermine/topiramate) and Belviq (lorcaserin); see prescribing information for specific instructions |

| <b>Joint Diseases</b>   | <b>Yes</b> | <b>No</b> | <b>Clinician Notes</b><br><i>(for office use only)</i> |
|---|------------|-----------|--|
| Do you have a history of arthritis?                           |            |           |  |
| Do you have pain in your knees?                               |            |           |  |
| Do you have pain in your hips?                                |            |           |  |
| Do you have chronic back pain?                                |            |           |  |
| Do you have trouble walking or exercising due to joint pain?  |            |           |  |
| Do you take medication for joint or back pain?                |            |           |  |
| Have you had a joint replacement (e.g., hip or knee surgery)? |            |           |  |

