

*William D. Summers, M.D. Weight Loss Clinic*

# **Dr. Summer's Weight Program**

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**Please, at your initial consultation, let the doctor know if you have any of the following conditions:**

Uncontrolled blood pressure

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Chest pain = Angina

\*

History of Heart Attack or heart disease

\*

History of Stroke

\*

Mitral Valve Prolapse

\*

Glaucoma

\*

Pregnancy

\*

Hyperthyroidism

\*

Hypoglycemic

William D. Summers, M.D. Weight Loss Clinic

# Patient Information Form

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Name you prefer to be called \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellular ber: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Parents Birth: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Patient Employer: \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Extension \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Drivers License # \_\_\_\_\_

## In Case of Emergency:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Patient's Spouse \_\_\_\_\_ Phone \_\_\_\_\_  
Family's  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Referred by: \_\_\_\_\_

## Financial Policy:

Thank you for selecting Dr. Summers for your health care needs. We are honored to be of service to you. This is to inform you of our billing requirements and our financial policy. Please be advised that payment for all services will be due at the time services are rendered, unless prior arrangements have been made. For your convenience, we accept Visa, Mastercard, Debits and Cash.

I agree that should this account be referred to an agency or an attorney for collection, I will be responsible for all collection costs, attorney's fees and court costs.

I have read and understand all of the above and have agreed to these statements

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

.....  
**William D. Summers, M.D.**  
52 Medical Parks Drive East Suite 215  
Birmingham, AL 35235  
Phone: (205) 838-3740

Dr. Summers Weight Clinic  
New Patient Questionnaire

This medical history and physical exam are for our purposes at Dr. Summers Weight Clinic and in no way replace you care and exams with your health care provider.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

HT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

Please circle your answer to these questions, if your answer is yes, please explain and then sign below:

Are you pregnant, breastfeeding or planning to get pregnant soon? Yes \_\_\_ No \_\_\_  
(Appetite suppressant medication should not be taken while pregnant, breastfeeding or attempting to conceive as the risks to the fetus and fertility are unknown, but potentially serious or life threatening. Serious adverse reactions can occur in nursing infants.)

Do you have a history of Depression, Panic Disorder, Anxiety Disorder, Nervousness or fear of medications? Yes \_\_\_ No \_\_\_

Are you currently on any type of anti-depressant medication? Yes \_\_\_ No \_\_\_

Do you currently have or had a history of the following?

Heart disease? (Irregular heart beat, palpitations, chest pain, shortness of breath, heart murmur, mitral valve prolapse, arrhythmia, pacemaker or defibrillator.) Yes \_\_\_ No \_\_\_

High blood pressure? Yes \_\_\_ No \_\_\_

High cholesterol? Yes \_\_\_ No \_\_\_

Headaches or migraines? Yes \_\_\_ No \_\_\_

Anorexia or Bulimia or? Yes \_\_\_ No \_\_\_

Glaucoma? Yes \_\_\_ No \_\_\_

By-Pass Surgery? Yes \_\_\_ No \_\_\_

Advance kidney or liver disease? Yes \_\_\_ No \_\_\_

Have you ever or currently undergoing drug addiction treatment?

Have you ever had a bad reaction to stimulant drugs? Yes \_\_\_ No \_\_\_

Do you have thyroid problems? Yes \_\_\_ No \_\_\_

Do you have diabetes, type 1 or 2 ? Yes \_\_\_ No \_\_\_

Have you been treated for Hypoglycemia?

Do you feel "wired" or uncomfortable on caffeine or Sudafed? Yes \_\_\_ No \_\_\_

Have you ever been treated for seizures or epilepsy? Yes \_\_\_ No \_\_\_

Have you ever tested positive or had treatment for TB? Yes \_\_\_ No \_\_\_

Have you ever tested positive for Aids? Yes \_\_\_ No \_\_\_

Please list ALL drug allergies, including prescription, herbal and over-the-counter medications.

Please list ALL medications and dosage you are taking, including prescription, herbal and over-the-counter medications.

Please list ALL diet medications you have used:

Is there any ADDITIONAL INFORMATION regarding your medical history you would like us to know?

“I declare to the best of my knowledge this information is complete and true. I agree to Dr. Summers Weight Clinic providers believing it to be TRUE, shall rely and act upon it in making medical decisions about my weight loss treatment.”

Patient's signature \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature \_\_\_\_\_

**William D. Summers, M.D.**  
52 Medical Park Drive East, Suite 215, Birmingham, AL 35235  
Phone: 205-838-3740 Fax: 205-838-3845  
Email: [weightloss@summersgyn.com](mailto:weightloss@summersgyn.com)  
[www.summersgyn.com](http://www.summersgyn.com)

### Self-Administration of Lipotropic Injections

**Instructions to give an injection:**

- Using an alcohol wipe, clean the injection site. Make sure the cleaned area is about 2 inches in diameter.
- Place your thumb and forefinger on either side of the injection site. Pinch up to 2 inches of skin.
- Insert the needle at a 45 to 90 degree angle into the pinched-up skin. Do this quickly; it will hurt less.
- Remember to keep the upper hip very relaxed (at injection site). Do this by putting all of your weight on the opposite leg. You will experience much less pain and soreness after giving yourself the injection if you make an effort to inject yourself into a relaxed muscle in your upper hip ( as directed).
- Be sure to insert the needle with the bevel up and insert all the way to the end of the needle. This will help you inject the medicine correctly.
- Release the skin, holding the syringe in place.
- Pull back slightly on the plunger. If you see blood in the syringe, don't inject. If this occurs, withdraw the needle slightly and repeat this step. If you do not see any blood, continue with administering the injection.
- To administer the medication, slowly push the plunger all the way down.

**After the Injection:**

- Remove the needle from the skin and hold an alcohol wipe on the injection site.
- Apply a bandage
- Dispose of the syringe in a safe manner. Example: Put in a plastic container and then dispose in a manner that keeps you and others safe from making contact with the syringe.
- It is normal to experience some soreness after administering an injection, but if you are experiencing excess pain, please contact our office.

### Liability and Safety Waiver

I, \_\_\_\_\_, understand how to properly administer the Lipotropic/B12 injection and agree to follow the instructions as directed by William D. Summers, M.D. and/or his staff. I understand that Dr. Summers and his staff will not be held responsible for any adverse reactions that may occur from self-administration of the injections. Medical staff of Dr. Summers will pre-fill syringes with prescribed amount of Lipotropic medication to ensure accuracy of dosage. Potential adverse reactions, injection site tenderness, injection site erythema and induration may occur. I understand that I have the option of getting the injections administered each week by the medical staff of Dr. Summers for no additional fee.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Staff Asst. \_\_\_\_\_

## **Medication Side Effects**

At Summers Weight Loss Clinic, we strive to help our patients lose weight. Besides diet and exercise advice and the use of dietary supplements, we also may prescribe certain medications called “stimulant” drugs to help our patients lose weight. These stimulant medications called phentermine, work in the body’s central nervous system by increasing your metabolism and decreasing your hunger drive to help you lose weight.

These medications have been prescribed for short term weight loss therapy for many decades and are considered relatively safe for most people. Certain medical conditions and medications can increase the risk of reactions or side-effects while using these drugs, so it is important to tell our clinician and doctors about all your other medical conditions and medications you take.

The majority of patients taking stimulant medications for weight loss never have any problems with the stimulant medication itself, but some people do. Therefore, it’s important to tell you about what some of those reactions or side-effects could be when considering this form of weight loss treatment. Most side effects are mild (although some can be unpleasant) and usually improve or go away completely as your body adjusts to the medication.

Some reactions or side-effects to stimulants could be:

- Increased anxiety, jittery, edgy, restlessness or nervousness.
- Feeling lightheaded, drowsy or dizzy
- Headaches
- Irregular or increased heart beat or high blood pressure
- Feeling hot, increased sweating, excessive thirst or dry mouth
- Constipation, diarrhea, trouble sleeping and others.

Stimulant drugs are considered “controlled substances” and are monitored by the DEA and should be safe-guarded against theft or loss. Taking these medications too often or in too large quantity and longer than prescribed, can lead to addiction or, in worse-case situations, an overdose. Rarely, serious and even fatal outcomes have been reported. Symptoms of an overdose can include confusion, convulsions, hallucinations, and coma.

Even if not overdosed, rarely some people can have serious reactions to the medications that could be life threatening. So, if you ever experience any of the following symptoms, call your doctor, dial 911, or go to the nearest ER for evaluation: Some symptoms are:

- Chest discomfort, shortness of breath or difficulty breathing
- Swelling in the feet or lower legs
- Irregular heartbeat, fast heart rate, or large increase in blood pressure

Because these are most often prescribed in weight loss medical clinics nationally, we feel they are safe for most patients, but they are not for everyone. At Summers Weight Clinic, we strive to inform and treat you with the utmost care and courtesy. We want you to be well and lose weight with or without medication. Please know our performing focused medical history, examination, and lab test review is part of that, but sometimes even those exams may not be able to tell us who will have a rare reaction to these medications.

Should you have any questions about these medications or their side effects and risks, please ask our clinician. Please sign that you have read and understand this information.

Patient Name: \_\_\_\_\_  
(print)

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Important Treatment Information

1. I understand to only take the prescribed dosage of oral medication that I am given and I will not give the medication to another person
2. I will notify this office of ANY and ALL changes of prescribed and over the counter medications I am taking including strength and dose
3. I will update this office whenever I have a new diagnosis or new medical issue I am being treated for by all other medical offices I receive care from. This includes psychiatric or emotional disorders as well as any new Medications when prescribed elsewhere
4. I understand I will receive my weight management participation treatment for the sole purpose of the weight management program. All medical staffs' directives and treatments should not be regarded as are from a primary care physician.
5. I understand my medical history, examination at The Weight Clinic are strictly to evaluate my qualification as a candidate for this weight management program and that I may need further tests and or treatments from my primary care physician.
6. I understand any additional health issues not directly related to the medical weight management program will need to be addressed by my primary care provider in a timely manner, including abnormal exam or lab test findings
7. I understand that if Dr. Summers has approved me for this medical weight management treatment, I could still have a medication reaction, allergy, or side effect that can't always be predetermined, even after a medical exam
8. I understand I will be given information on side-effects and risks of taking stimulant medications like adipex and it is important I read the information and ask any questions before taking the medications or supplements in this medical weight management program
9. I understand all injections have inherent risk which may include, but not be limited to bruising, bleeding, injection at site and allergic reaction.

I have read, understood and agreed to all the items above.

Patients

Signature: \_\_\_\_\_