



Needham Wellesley Family Medicine PC

65 Walnut Street, Suite 420
Wellesley Hills, MA 02481
(781) 235-3444. FAX (781) 235-6888
www.needhamwellesleyfamilymedicine.com

Parul Desai, MD
American Board of Family Medicine

Leonard M. Finn, MD
American Board of Family Medicine

Bruce Tofias, MD
American Board of Internal Medicine

Andrew C. Young, DO
American Board of Family Medicine
American Osteopathic Board of Family Physicians

Hayley R. Geller, MSN, FNP—C
American Academy of Nurse Practitioners

Patient Name: _____ **Date:** _____

Are you experiencing any of the following symptoms? (Circle all that apply)

Constitutional symptoms: fever

Cardiovascular: chest pain, palpitations

Respiratory: cough, shortness of breath

Gastrointestinal: nausea, vomiting

Genitourinary: frequent or painful urination

Skin: rash

Other:

None of the above

Do you have any other concerns or questions? YES NO
(Please list below)

Do you smoke tobacco? YES NO

How much alcohol do you consume per week? _____

Have any of your medications changed since your last visit? YES NO
(Please check the medication list attached on the next page and circle any incorrect medicines on the list.)

Do you need any medicine refills today? YES NO

STAFF TO COMPLETE:

Wgt: _____ **BP:** _____ **Waist Circ:** _____ **BMI:** _____



Needham Wellesley Family Medicine PC

65 Walnut Street, Suite 420
Wellesley Hills, MA 02481
(781) 235-3444. FAX (781) 235-6888
www.needhamwellesleyfamilymedicine.com

Parul Desai, MD
American Board of Family Medicine

Leonard M. Finn, MD
American Board of Family Medicine

Bruce Tofias, MD
American Board of Internal Medicine

Andrew C. Young, DO
American Board of Family Medicine
American Osteopathic Board of Family Physicians

Hayley R. Geller, MSN, FNP—C
American Academy of Nurse Practitioner

Name: _____ DOB: _____ Date: _____

Mindful Nutrition Practice

How many times PER WEEK did you practice in the past week?

Morning Aspirations Review	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Bedtime Aspiration Review	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Body Scan	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Breathing Meditation	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Loving Kindness Meditation	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Walking Meditation	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Feet on Floor/Breathe, Smile, Pause	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mindful Mouthful	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mindful Pause before meal to assess portions and choices	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mindful Assessment between mouthfuls to assess hunger, fullness, thirst, craving, habit, emotion	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Whole Meal Mindfully	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mindful Shopping and Label Reading	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
RAIN/Surf with cravings & emotions	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mantra	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Play it Forward	0	1-3x	4-6x	7x	8-14x	15-22x	23x+
Mindful Morning Weight Check	0	1-3x	4-6x	7x	8-14x	15-22x	23x+

Fitness Inventory

Name: _____ Date: _____

We understand that physical activity, healthy eating and emotional well-being are an important part of your health. We want to partner with you to achieve your goals in these areas.

Please answer the following questions to help us better understand your interests and needs in these areas. (Please note: we will work with you on these issues over time and may not attempt to address all of them in this office visit).

How Active Are You?

Please select the one choice that best describes you:

- I'm physically active already and don't need help to be more active.
- I'm ready to get more active and would like help.
- I'm not sure if I'm ready to be more active, but I'm ready to talk about it.
- I'm not very active and not interested in being more active at this time.

1) How many hours each day do you spend watching TV or videos or on the computer?

- Less than 1 1 - 2 More than 2

2) How many times a week do you do yard or house work or duties on the job that cause you to work up a sweat?

- 4 or more 1 - 3 Less than 1

3) How many times a week do you get out for a brisk walk or similar activity of 10 minutes or more?

- 4 or more 1 - 3 Less than 1

4) How many times a week do you participate in sports or an exercise program?

- 4 or more 1 - 3 Less than 1

How many minutes? _____ What activity? _____

If exercise is difficult for you, tell us the reason:

What is the most difficult issue for managing your weight?

Needham Wellesley Family Medicine Nutrition Checklist

Name: _____ Date: _____

How many portions PER DAY do you eat of the following?

Vegetables [1 portion = 1 cup (size of fist)]	0	1	2	3	4	5	6+
Fruit [1 portion = 1 cup (size of fist)]	0	1	2	3	4	5	6+
Quinoa, lentils, beans, peas, whole grains, chickpeas [1 portion = 1/2 cup (half a fist)]	0	1	2	3	4	5	6+
Lean protein (chicken, turkey, fish, tofu, egg whites) [1 portion = 4 oz (half a fist)]	0	1	2	3	4	5	6+
Olive oil [1 tbsp (size of thumb tip)]	0	1	2	3	4	5	6+
Glasses of water [1 cup (size of fist)]	0	1	2	3	4	5	6+
Glasses of milk [1 cup], Cheese [1 slice], Plain Yogurt [1 cup]	0	1	2	3	4	5	6+
Nuts [10 per portion] (raw or roasted)	0	1	2	3	4	5	6+
Caffeinated drinks (coffee, tea) [1 cup]	0	1	2	3	4	5	6+
Energy drinks, soda with caffeine [1 cup]	0	1	2	3	4	5	6+
White bread, white pasta, white potatoes, white rice, white flour	0	1	2	3	4	5	6+
Sugar or artificial sweetener	0	1	2	3	4	5	6+

How many times PER WEEK do you eat the following?

Salads	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Fish [1 portion = 4 oz (half a fist)]	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Snacks (ex: raw nuts, fresh fruits, or veggies)	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
White bread, white pasta, white potatoes, white rice, white flour	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Fast food meals	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Fried foods, pastries, chips	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Candy or dried fruit	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Energy bars or granola bars	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Sugar cereals, granola	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Desserts, sweets, ice cream	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Smoothies and shakes	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Soda (regular or diet) or Frappuccinos, etc.	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Fruit juice or fruit blends	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Sports drinks (Gatorade, etc)	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Meal replacement drinks (eg. Slim Fast), protein drinks or powders	0	1	2	3	4	5	6	7	8-14x	15-21x	22+
Alcohol servings [12 oz beer, 5 oz wine, 1.5 oz spirits]	0	1	2	3	4	5	6	7	8-14x	15-21x	22+

What time do you begin eating each morning? _____

White time do you finish eating dinner each evening? _____