

Doctor's Discussion Guide Managing Obesity

You can print this and bring it to your appointment. This guide does not replace medical advice.

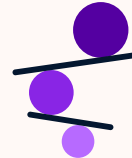


Key Point: Obesity is a long-term medical condition, not a lack of willpower. It develops through biology, genetics, environment, stress, sleep, medications, and habits. Even modest weight loss can bring real health benefits.

Before your appointment

Write down what you want from this visit (check or add your own):

- ☐ Understand how my weight is affecting my health
- ☐ Get a clear diagnosis (overweight/obesity and related conditions)
- ☐ Discuss safe, effective options to manage my weight
- ☐ Create a realistic plan with my doctor
- ☐ Understand medication options
- ☐ Other: _____



Note your weight (optional but useful)

Current weight: _____ kg

Height: _____ cm

What are Your Top 3 Priorities?

Priority 1 : _____

Priority 2 : _____

Priority 3 : _____

To share with your doctor

Use this section as a checklist during the consultation.

♥ Your health and symptoms

Tell your doctor if you have, or suspect you have:

- ☐ High blood pressure
- ☐ Type 2 diabetes or prediabetes
- ☐ High cholesterol or triglycerides
- ☐ Sleep apnea or snoring
- ☐ Joint or back pain
- ☐ Shortness of breath on exertion
- ☐ Irregular periods, fertility issues (if applicable)
- ☐ Low mood, anxiety, or emotional eating

Current medications/Supplements: _____

? Questions you can ask your doctor

Understanding your health

Do I meet the medical definition of overweight or obesity?

What health risks should I be aware of in my case?

Setting realistic goals

What would be a realistic and healthy weight-loss goal for me?

What amount of weight loss would already improve my health?

Treatment options

What are all the medically recommended options for someone like me?

If we consider medication, what are the criteria to start and monitor?

Support and follow-up

How often should we review my progress?"

What should I do if I don't see results, or if I regain weight?



Next appointment date: _____