



I'm Requesting Weight Inclusive Healthcare

I'm providing this request because I've decided to focus on my health without dieting or pursuing intentional weight loss. Research shows that most efforts to diet and lose weight lead to weight cycling and failure to achieve or sustain significant weight loss. Dieting and restriction are the greatest predictors of disordered eating/eating disorders, and have had negative consequences to my physical and mental health.

I would like to explore and pursue evidence-based ways to treat my medical conditions and health, in my current body. Here are the ways that you can support me:

- Please do not assume anything about my health. Instead, ask me questions
- Please offer ways to address my medical concerns that do not involve weight loss
- Consider giving me the same medical advice you would give to a patient in a thinner body
- Provide me with shame free, stigma free health care

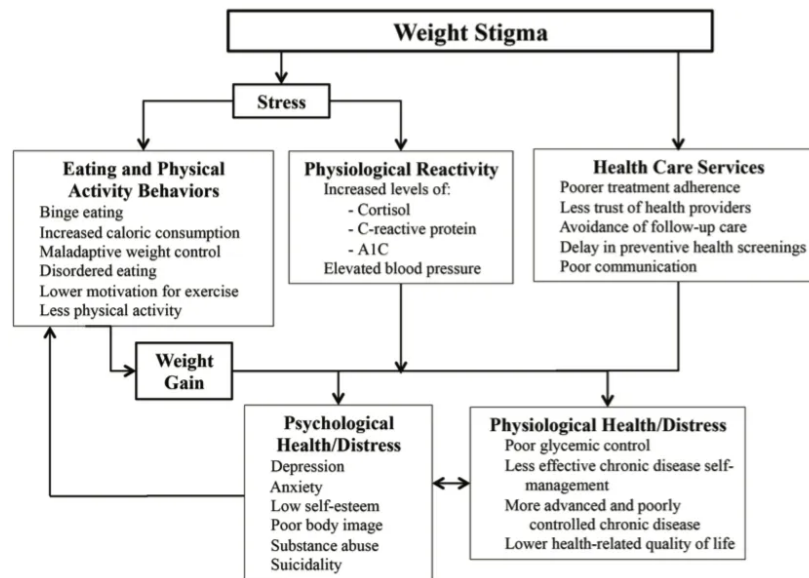
These are my needs for this appointment:

- Please do not weigh me unless it is medically necessary (for medication dosing, undergoing anesthesia etc.). If absolutely necessary, please do a blind weight, and do not add the weight to my post-appointment paperwork or in a visible place in my chart
- Please do not recommend restrictive diet changes or interventions. Rather, encourage addition of foods or tools that can improve my health
- Please do not recommend weight loss interventions or medications without my consent
- If necessary, please discuss weight or nutrition related concerns with the following clinician on my team:

*by writing this name and contact information, I'm granting you permission to share my weight and nutrition related information with this clinician

Evidence to support a weight inclusive approach:

Research shows that weight stigma increases the risk of high blood pressure, metabolic syndrome, diabetes, high cholesterol, and eating disorders. In many studies, the difference between actual and desired body weight was a stronger predictor of mental and physical health than BMI was. This research suggests that regardless of weight, **desire to lose weight can increase health risks** (Muennig, 2008).



New research suggests that weight cycling, **independent** of a high weight or BMI, is associated with a more than 50% increase in risk of heart failure and a 30% increase in risk for type 2 diabetes, obstructive sleep apnea, and liver disease (Swartz, 2025).

Studies that compare behavioral changes with weight loss or attempt to lose weight find that **increasing healthy habits** is associated with a decrease in mortality risk, **regardless of BMI**. Increasing behaviors such as engaging in physical activity, being a nonsmoker, increasing consumption of fruits and vegetables, and drinking alcohol in moderation vs. excess shows decreased health risk, no matter one's size (Matheson, 2012).

Weight Inclusive Care resources:

- Health At Every Size model: <https://asdah.org/haes/>
- Association for Weight and Size Inclusive Medicine: <https://weightinclusivemedicine.org/>
- Evidence based weight inclusive care information and resources: <https://haeshealthsheets.com/>

References:

<https://brownmedpedresidency.org/how-clinicians-perpetuate-weight-stigma/>
<https://www.jabfm.org/content/25/1/9.full>
<https://academic.oup.com/icem/advance-article/doi/10.1210/clinem/dgaf348/8160584?login=false>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2253567/>