



Medically Supervised Weight Loss Documentation

Thank you for your interest in the University of Michigan Adult Bariatric Surgery Program. In order to help you and your Primary Care Physician begin your medically supervised weight loss documentation, we have included a form for your use. Please have your physician complete one form at each monthly visit. Documentation should reflect your weight, diet, exercise, the lifestyle modifications you have made, and any pharmacotherapy (weight loss medications). This documentation may vary depending upon your insurance requirements.

This form must be completed at each office visit for the duration specified by your insurance company.

Assessment and treatment plan for obesity

Your name: _____

Date of Visit: _____ Height (first visit): _____ inches.

Registration Number: _____ BMI: _____

Date of Birth: _____ Blood Pressure: _____ / _____

Weight: _____ lbs. Pulse: _____

Diet

For your physician: List prescribed calorie restriction, review of dietary intake and recommendations.

Notes:

Recommended Dietary Goal(s):

Physical Activity

For your physician: Physical exercise program appropriate for age and physical condition. Recommend achievable goals.

Notes:

Recommended exercise goal(s):

Behavioral Intervention

For your physician: Specific strategies and tools for overcoming barriers and making dietary changes. For example: log books, support groups, stress management, social support.

Notes:

Pharmacotherapy

For your physician: This must be addressed and documented. List FDA approved weight loss drugs and dose or indicate that patient is unable to tolerate or refuses pharmacotherapy.

Notes:

Physician name (please print)

Physician signature

Sample of medically supervised weight loss documentation

Diet

(Prescribed calorie restriction, review of dietary intake and recommendations):

Notes:

- *Eat three meals instead of one per day.*
- *Limit intake to 1200 calories.*
- *Eat fruits with breakfast, eat two vegetables for lunch.*
- *Patient indicated she will join Weight Watchers.*

Recommended Dietary Goal(s):

- *Recommended low fat diet, smaller portions, and decreasing fast food to reduce calorie intake. Goal of 1200 calories per day. Goal is 1-2 pound weight loss per week.*

Physical Activity

(Physical exercise program appropriate for age and physical condition.

Recommend achievable goals.)

Notes:

- *Walking Program set up to increase time as foot is recovering (s/p injection).*
- *Discussed doing "Moderate Exercise", this can include any activity desired including swimming, walking, jogging, biking, etc.*

Recommended exercise goal(s):

- *Recommend daily walking with increasing duration; goal is 60 min each day, as tolerated, a total of 5-7 days/week. 60-90 minutes of moderate intensity physical activity 5-7 days/week.*

Behavioral Intervention

(Specific strategies and tools for overcoming barriers and improving dietary

compliance, for example log books, support groups, stress management, social support).

Notes:

- *Use self-monitoring, stress management, keep a log book of food intake and physical activity, use problem solving, and social support.*
- *Eat breakfast to curb hunger and prevent compulsive eating. Have meals ready to eat during the week to avoid fast food. Keep a log of snacking patterns. Go to Support Group meetings. Continue to attend Eating Disorders Therapy.*

Pharmacotherapy

(This must be addressed and documented. List FDA approved weight loss drugs and strength or indicate that patient is unable to tolerate or refuses pharmacotherapy).

Notes:

- *Pharmacotherapy has been considered. She had an allergic reaction to Phen-fen.*

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