

These are topics that need to be discussed and documented at your monthly weight loss visits with your medical provider. Bring these papers to each appointment.

Medically Supervised Weight Loss Documentation

Assessment and Treatment Plan for Obesity

This form or information contained below must be documented at each patient visit as part of the medical record.

Patient Name: _____ Date of Visit: _____

Registration Number: _____

Date of Birth: _____

Weight: _____ lbs. Height (first visit): _____ in. BMI: _____

Blood Pressure: _____ / _____ Pulse: _____

DIET: *Prescribed caloric restriction, review of dietary intake and recommendations.*

Notes: _____

Recommended dietary goals: _____

PHYSICAL ACTIVITY: *Physical exercise program appropriate for age, physical condition, including expectation for compliance, and recommendations.*

Notes: _____

Recommended exercise goal: _____

BEHAVIORAL INTERVENTION: *Specific strategies and tools for overcoming barriers and improving dietary compliance, for example log books, support groups, stress management, social support.*

Notes: _____

Recommended behavioral goal: _____

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: _____

Recommendations: _____

Physician Name (printed)

Physician Signature

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SAMPLE Medically Supervised Weight Loss Documentation

Assessment and Treatment Plan for Obesity

This form or information contained below must be documented at each patient visit as part of the medical record.

Patient Name: _____ Date of Visit: _____

Registration Number: _____

Date of Birth: _____

Weight: _____ lbs. Height (first visit): _____ in. BMI: _____

Blood Pressure: _____ / _____ Pulse: _____

Diet (Prescribed caloric restriction, review of dietary intake and recommendations).

Notes: Eating 3 meals per day instead of 1 meal. Limiting intake to 1,200 calories per day. Eating fruits with breakfast. Eating 2 vegetables for lunch. Patient indicated they have joined Weight Watchers.

Recommended dietary goal: Recommended low-fat diet, smaller portions, and decrease fast food to reduce calorie intake. Maintain 1,200 calories per day. Goal is 1-2 pound weight loss per week.

Physical Activity (Physical exercise program appropriate for age, physical condition, including expectation for compliance, and recommendations).

Notes: Walking program set up to increase time as foot is recovering. Discussed moderate exercise (including swimming, walking, jogging, biking, etc.).

Recommended exercise goal: Recommend daily walking with increasing time/duration. Goal is 60 minutes/day, as tolerated. Recommend 5-7 days/week. 60-90 minutes of moderate intensity physical activity most days out of the week (5-7 days preferred).

Behavioral Intervention (Specific strategies and tools for overcoming barriers and improving dietary compliance, for example log books, support groups, stress management, social support).

Notes: Self-monitoring food intake, stress management, log book of food intake and physical activity, social support, eat breakfast to curb hunger.

Recommended behavioral goal: Keep log of snacking patterns. Attend support group meetings. Continue eating disorder 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. Patient had allergic reaction to phen-phen.

Recommendations: Not a candidate for pharmacotherapy at this time.

The more specific the documentation, the better.