Medical Weight Loss Progress Note

Documentation must be present of participation in a physician-supervised program of nutrition and increased physical activity (including low calorie diet, increased physical activity and behavioral modification). Documentation of program participation must appear in the medical record by the attending physician. Documentation should include comments by the physician regarding patient progress or lack of progress. A letter does not meet this requirement. There must be medical records to document medically supervised weight loss attempts.

Name________________________ Date________________________

Weight________________________ Blood Pressure______________

Pounds Lost/Gained______________ BMI______________________

Diet Plan

Include notes from Diet Plan with PCP notes

☐Weight Watchers ☐LA Weight Loss ☐Jenny Craig ☐EatRight

Weight loss medications: ________________________________

Daily calorie intake: 1000 cal 1200 cal 1500 cal

Physical Activity / Exercise Plan

List number of times per week each activity is attempted in the box provided

☐Gym ☐Walking ☐Aerobics ☐Swimming ☐

Unable to exercise for medical reason (joint pain, chest pain, etc.) Please list reason:

________________________________________________________________________

Behavior Modification

(Lifestyle changes) to include discussions of proper eating habits, healthful snacking, etc.

Please indicate items discussed:

☐ Discussed dietary intake and gave suggestions

☐ Discussed exercise routine and gave suggestions

☐ Discussed psychological changes and gave suggestions

Assessment/Suggestions: _________________________________________________

________________________________________________________________________

________________________________________________________________________

MD Signature ____________________________________________________________