



Physician Supervised Weight Loss Documentation

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Beginning Weight: \_\_\_\_\_ lbs.

Current Weight: \_\_\_\_\_ lbs. BMI: \_\_\_\_\_ lbs loss/gain: \_\_\_\_\_

Height: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

Obesity related Comorbidites: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Physician prescribed diet: \_\_\_\_\_

\_\_\_\_\_

Exercise/Activity plan: \_\_\_\_\_

\_\_\_\_\_

Behavior Modification goals: \_\_\_\_\_

\_\_\_\_\_

Medication changes: \_\_\_\_\_

\_\_\_\_\_

Diet changes: \_\_\_\_\_

\_\_\_\_\_

Follow-up Plan: \_\_\_\_\_

\_\_\_\_\_

Next Appointment: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_