

Medically Supervised Weight Loss Documentation

Assessment and Treatment Plan for Obesity

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

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 Goal(s): _____

Physical Activity (Physical exercise program appropriate for age and physical condition. Recommend achievable goals.)

Notes: _____

Recommended Exercise Goal(s): _____

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

Notes: _____

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: _____

Physician Name (Please Print)

Physician Signature

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.

Sample of Medically Supervised Weight Loss Documentation:

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

Notes: Eating 3 meals instead of 1 per day. Limiting intake to 1200 calories. Eating fruits with breakfast. Eating 2 vegetables for lunch. Patient indicated she will join Weight Watchers.

Recommended Dietary Goal(s): Recommend lowfat diet, smaller portions and decrease 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 "Moderate Exercise" 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/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, and social support).

Notes: Self monitoring, stress management, a log book of food intake and physical activity, problem solving, and social support. Eating breakfast to curb hunger and prevent compulsive eating. Having meals ready to eat during the week to avoid fast food. Keep log of snacking patterns. Go to Support Group meetings.

Continues 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.

Please be as detailed as possible!