

## 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 \_\_\_\_\_