

MEDICAL WEIGHT LOSS PROGRESS NOTE

NAME: _____ DOB: _____ DATE: _____

WEIGHT: _____ B/P: _____ BMI: _____

DIAGNOSIS:

DIET PLAN: Include notes from diet plan with PCP Notes

	Weight Watchers		LA Weight Loss
	Jenny Craig		Eat Right
	Other (specify):		
Compliant with diet plan:		YES	NO

Weight Loss Medication:	
Total Daily Caloric Intake:	

PHYSICAL ACITIVITY/EXERCISE PLAN

GYM : How many times per week?	
AEROBICS: How many times per week?	
WALKING/RUNNING: How many times per week?	
EXERCISE VIDEOS: How many times per week:	
Inability to perform physical activity comments:	

BEHAVIOR MODIFICATION

DIETITIAN CONSULT DATE:	
GROUP COUNSELING DATE:	
INDIVIDUAL COUNSELING DATE:	
RECOMMENDED MODIFICATIONS:	
COMMENTS (Progress or lack of progress:	

Provider Signature: _____ **Date:** _____