

Medical Weight Loss Progress Note

Name: _____ Date: _____

DOB _____ Weight: _____ Blood pressure: _____

Change In Weight Since Last Visit: _____ BMI: _____

Diagnosis: _____

Diet Plan:

Include Notes From Diet Plan with PCP notes

- Weight Watchers
- L A Weight Loss
- Jenny Craig
- Eat Right
- Other: (specify) _____

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/ Exercise Plan:

- Gym _____ x's wk
- Walking/Running _____ x's wk
- Aerobics _____ x's wk
- Exercise Videos _____ x's wk
- Inability To Perform- Comments: _____

Recommended Modifications: _____

Behavior Modification:

- Dietitian Consult Date: _____
- Group Counseling Date: _____
- Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Provider Signature: _____ **Date:** _____

Typed or Printed Name: _____