Medical Weight Loss Progress Note

Name: _____ Date:_____

Weight:_____ Blood pressure:_____

Change In Weight Since Last Visit:_____ BMI:_____

Diagnosis: _____

_____

Diet Plan:

Include Notes From Diet Plan with PCP notes

Weight Watchers
Jenny Craig
Other: (specify)_____

L A Weight Loss
Eat Right

Compliant with Diet Plan? YES / NO

Weight loss medications: _____
Total Daily Caloric Intake:_____

Physical Activity/ Exercise Plan:

Gym _____ x's wk
Aerobics _____ x's wk

Walking/Running _____ 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: _____