

Insurance requires at least 178 consecutive days between first and last visit for 6 month requirement = 7 actual visits

Insurance requires at least 89 consecutive days between first and last visit for 3 month requirement = 4 actual visits

Date of Visit: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Current Diet:

Low Calorie: _____	DASH diet: _____
Weight Watchers: _____	Atkins Diet: _____
Medifast: _____	Jenny Craig: _____
Nutrisystem: _____	Medically Supervised: _____
Slim Fast: _____	Food Journal/Calorie Count: _____
RX Weight Loss Medications: _____	OTC Weight Loss Medications: _____
Diabetic Diet: _____	Other: _____

Patient participates in exercise:

\_\_\_ 1-2 times/week \_\_\_ 3-4 times/week \_\_\_ 5-7 times/week Unable to exercise due to: \_\_\_\_\_

Patient participates in the following exercise regimen:

\_\_\_ Walking \_\_\_ Land Aerobics \_\_\_ Water Aerobics \_\_\_ Yoga/Pilates \_\_\_ Curves  
\_\_\_ Physical Therapy \_\_\_ Swimming \_\_\_ Gym Membership

Co-Morbidities treating:

\_\_\_ Hypertension \_\_\_ Diabetes \_\_\_ Sleep Apnea \_\_\_ Heart Disease \_\_\_ High Cholesterol  
\_\_\_ Other: \_\_\_\_\_

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs BMI: \_\_\_\_\_ Change in weight since last visit + \_\_\_\_\_ lbs or - \_\_\_\_\_ lbs

- \_\_\_ Patient verbalizes understanding of carbohydrates, fats, and protein grams
- \_\_\_ Patient keeps a food journal
- \_\_\_ Patient keeps an exercise journal and documents increase in physical activity

Behavior and Lifestyle modifications discussed:

- \_\_\_ Eat 3 meals daily with 1-2 healthy snacks
- \_\_\_ No grazing between meals
- \_\_\_ Portion Control
- \_\_\_ Reduce fried food intake
- \_\_\_ Choose low fat/low sugar items
- \_\_\_ Eliminate high caloric beverages
- \_\_\_ incorporate multiple fruits/vegetables
- \_\_\_ Eat out less (avoid appetizers, breads, pasta while out)

Goals for this month: \_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Please fax all completed forms at the end of the medically directed weight loss plan to 877-991-4780.