PCP Supervised Diet Visit

Patient Name: DOB: Date of Visit: Visit #:

Beginning Weight: _____ lbs

Current Weight: _____ lbs Current BMI: _____ Weight Lost/Gained: _____

Obesity-related Co-morbidities:

☐Diabetes ☐Degenerative disk disease ☐Fatty liver ☐GERD

☐Hypertension ☐High Cholesterol ☐Insulin resistance ☐Metabolic syndrome

☐Osteoarthritis ☐PCOS ☐Pseudotumor cerebri

☐Sleep apnea ☐Stress incontinence ☐Venous stasis

List Current Medications: ☐No changes from last month

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_____

_____

Dietary Education Discussed ☐

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_____

Exercise/Activity Education Discussed ☐

_____

_____

_____

Behavior/Diet Goals Discussed ☐

_____

_____

_____

Provider Signature:_____ Date:

*Please fax to JourneyLite Physicians, ATTN: Insurance Department - (513) 559-1235