

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

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: _____