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## **Metabolic Monitoring Form**

Name\_

Date of Birth\_\_\_\_\_

	Baseline	4 Weeks	8 Weeks	12 Weeks	Quarterly	Annually	Every 5 Years
Date							
Drug and dose prescribed							
Height							
Weight							
Waist circumference (at umbilicus)							
BMI (see chart )							
Blood Pressure							
Fasting Plasma							
Glucose							
Lipid Profile:							
HDL Cholesterol							
Triglycerides							
Intervention required							

The Center for Disease Control and Prevention provides a Body Mass Index (BMI) Calculator. The BMI calculator is used to screen for weight categories that may lead to health problems. To view and use the BMI calculator visit the link: <u>http://www.cdc.gov/health/weight/assessing/bmi/index.html</u>

<sup>\*</sup> This is a guideline for monitoring of metabolic syndrome and is not intended to provide specific medical advice for individual patients. We encourage providers to review this information and apply as clinically appropriate to each individual patient.