



Obesity Care Management Monthly Engagement Form

Member Measurements

Member Name: _____

PEBP ID: _____

Initial Weight	Target Weight Goal	Cycle Weight Less Goal	Appointments Completed	Months Into Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member and Appointment Information

Date of This Appointment

Date of Next Appointment

Patient's Weight on Appointment Day

Consultant/Coach

The Appointment Took Place

What Type of Visit was This?

Program Completion Date

Client Compliance

1. Is the patient compliant with nutritional instructions?

Yes No NA

2. Was the patient's goal weight discussed?

Yes No NA

3. Were participation expectations discussed?

Yes No NA

4. Are there any barriers to successful outcomes? Attach additional information to this document if necessary.

Yes No NA

If yes, please explain:

5. Is the patient compliant with physical activity instructions? Attach additional information to this document if necessary.

Yes No NA

Describe patient's physical activity on a weekly basis:

6. Was patient compliant with all appointments expected for the month? Attach additional information to this document if necessary.

Yes No NA

If no, please explain:

7. Your perceived level of patient's desire to achieve their goals? Attach additional information to this document if necessary.

8. If Yes, did the patient agree to comply?

Yes No NA

I, the undersigned, hereby certify that I am the named member's healthcare provider and I certify that I have examined the named member sufficiently to answer the above questions. Further, I certify that the above answers are true and accurate statements regarding the named member's wellness, weight and activities.

Healthcare Provider Signature