



Physician-Supervised Weight Loss Program Documentation

Assessment and Treatment Plan for Obesity

Must be documented at each patient visit as part of the medical record. To be eligible for a bariatric surgery referral, the documentation must be for six consecutive months.

Note: This six month criterion is waived for individuals with a BMI greater than or equal to 50.

Name of Patient _____ Date of Service _____

Weight _____ Blood Pressure _____ Heart Rate _____

Diet (Prescribed caloric restriction, review of dietary intake and recommendations)

Notes: _____

Type of diet recommended: _____

Physical Activity (Physical exercise program appropriate for the member's age and physical condition, including expectations for compliance and recommendations)

Notes: _____

Check if necessary: Patient noncompliant with exercise recommendations.

Behavioral Interventions (Specific strategies and tools for overcoming barriers and improving dietary compliance review, for example, logbooks, support groups, stress management, problem solving, social support, stimulus control)

Notes: _____

Pharmacotherapy (Issue must be addressed and documented. List FDA-approved weight loss drugs and strength.)

Notes: _____

Check if necessary: Patient unable to tolerate pharmacotherapy.

Patient refuses pharmacotherapy.