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. If the member is to be eligible for a bariatric surgery referral, the documentation must cover six consecutive months. A minimum of three office visits is required in the first 90 days. A minimum of two visits is required in the subsequent three months; the final visit must occur at the end of the six-month period or within 30 days of its end. All of the elements listed below must be documented for a minimum of five visits over six months; more frequent documentation should occur if clinical circumstances dictate.

Note: The 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 (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.

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